## **OPERASI PERKHIDMATAN SOKONGAN**



## **FAKULTI PERUBATAN VETERINAR** (HOSPITAL VETERINAR UNIVERSITI)

Kod Dokumen: OPR/FPV/BR029/AVO

## APPLICATION FOR EXTRACURRICULAR ACTIVITY/VOLUNTEER WORK AT UVH - UPM

## Note:

- Please submit this form to Deputy Dean (Hospital)/UVH Office at least two weeks before start of project.
- 2.
- Application form individuals/organization outside the Faculty must be attached with official application letter.

  If assistance from UVH staff is required, please fill 'Request for Assistance of UVH Staff' Form, OPR/FPV/BR031/ASST. 3.
- Please check the status of your application at UVH Office one week after submitting your form.

I REQUESTER I	NFORMATION					
Name :			Staff/Matric/ID No. :			
· _						
Addross .			Tolophono			
· <u> </u>			E-mail			
In case of emer	gency, please co	ntact:				
Name :			Relationship :			
Address :			Tel. (House)			
			Tel. (Office :			
_			Tel. (H/Phone) :			
II DETAILS OF A	CTIVITY					
(Attachment						
A. Objectives, N	retnoa etc.					
<u></u>						
B. Duration of Activity						
Date	Time	Location	Additional Details (If any)			
			` ''			
Date	Time	Location	Additional Details (If any)			

: 03 NO. SEMAKAN NO. ISU : 02

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C. Other Requirements (Please state in details if you need to use drugs, suture materials, equipments etc.)							
D. Assistance from UVH Staff							
Yes (Please fill up 'Request for Assistance of UVH Staff' Form, OPR/FPV/BR031/ASST) No							
III PREVIOUS V	ETERINARY RELATED	WORK EXPERIENCE					
Year	Place	Designation	Work Description				
IV PLEDGE  I am aware of the rules, client-confidentiality, conduct of behaviour and dress code required of me and will abide by them to uphold the good image of UVH.							
Signature: Date:							
V SECONDED BY SUPERVISOR/ACADEMIC ADVISOR  Name: Date:							
Name:			dature: Date:				
VI FOR OFFICIAL USE							
Date receive	ed:		Comments (if any):				
This application is:							
[] App	oroved						
Not Approved							
Report required at the end of activity?							
Yes		•	Cc to: 1				
□ No			2				
			3				
Signature	<u>:</u>		4				
Name Designation	_		5				
Date	•		Requester informed by,				
	•		Name :				
			Date/Time:				

NO. SEMAKAN : 03 NO. ISU : 02 TARIKH KUATKUASA : 26/09/2023