

<b>MyCoID</b>

**MADANI GRADUATE SCHEME (SGM)  
 PEMBANGUNAN SUMBER MANUSIA BERHAD ACT 2001 (Act 612)**

1. Registered Name and Address of Company:	Contact Person: _____								
	Telephone : _____								
2. Graduate Trainee Details:									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Graduate Trainee Name</th> <th style="width: 15%;">NRIC</th> <th style="width: 15%;">Gender</th> <th style="width: 35%;">Signature*</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Graduate Trainee Name	NRIC	Gender	Signature*				
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**EMPLOYER DECLARATION**

3. I/We hereby certify that all the information stated in this claim and the accompanying information are true and correct and that apart from the claim, no other claims have been made for these expenses. All relevant documents pertaining to this claim are with us and can be inspected by the Pembangunan Sumber Manusia Berhad (PSMB) officer. I/We understand that I/we may be prosecuted under <b>Section 41 of Pembangunan Sumber Manusia Berhad Act 2001 (Act 612)</b> and PSMB may, at its discretion, withdraw the grant and recover immediately any amount of the grant that may have been disbursed, if I/we should give false or misleading statement or use any document that is false or misleading in obtaining payment of grants from the PSMB.	
4. I/We hereby declare that I/we have complied with the terms and conditions for the grant awarded.	
SIGNATURE	: _____
NAME	: _____
DESIGNATION	: _____
	Please state designation (Employer's authorised signatory)
DATE	:
COMPANY STAMP	:

*\* Please ensure all fields are completed to allow smooth processing and to avoid rejection due to incomplete information.*

**MADANI GRADUATE SCHEME (SGM)  
 GRADUATE SKILLS DEVELOPMENT PROGRAMME SCHEDULE**

<b>Graduate Trainee Name:</b>	<b>Objective(s):</b>
<b>Graduate Trainee Job Title:</b>	<b>Learning Outcome(s):</b>
<b>Unit/Department:</b>	<b>Supervisor/Mentor Name:</b>
<b>Training Start Date:</b>	<b>Supervisor/Mentor Job Title:</b>
<b>Training End Date:</b>	<b>Supervisor/Mentor Telephone/Handphone:</b>

Monthly Log: \_\_\_\_\_ (Month/Year)

No.	Main Task/Content/Subject Matter	Achieved Learning Outcomes
1.		
2.		
3.		
4.		
5.		
<i>(Attach additional pages, if necessary)</i>		

<b>APPROVED BY:</b>	
<b>Name:</b>	<b>Signature:</b>
<b>Designation:</b>	<b>Date:</b>

*\* Please ensure all fields are completed to allow smooth processing and to avoid rejection due to incomplete information.*