



**APPLICATION FORM  
INDUSTRY CERTIFICATION  
(INDCERT)**

One copy of this application form is required for each course / programme. All parts of this form must be duly completed. All information given will be held in the strictest confidence.

Please submit your application via online at least **seven (7) days** before commencement of programme.

Please attach the following supporting documents: -

- i. Training Schedule
- ii. Course Fee Details (Quotation)

**PART I – GENERAL INFORMATION**

<b>1. REGISTERED NAME AND ADDRESS OF COMPANY</b>	<input type="checkbox"/> HEADQUARTERS <input type="checkbox"/> BRANCH Please specify : _____  Office Tel. No : _____ Officer to be Contacted : _____ Mobile Phone No: _____ E-mail : _____
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**PART II- DETAILS OF TRAINING PROGRAMME**

<b>3. PROGRAMME TITLE</b>
<b>4. TRAINING DATE</b>  Start Date: _____ Completion Date: _____
<b>5. NAME OF INSTITUTE / TRAINING PROVIDER:</b> _____  Contact Person: _____ Telephone No: _____
<b>6. TYPE OF TRAINING</b> a. <input type="checkbox"/> In-house b. <input type="checkbox"/> Public Programme Local
<b>7. TRAINING LOCATION</b>  Venue: _____ State : _____ Country : _____  Please state the distance of training location from your company premise: _____ km (one way)

**8. ARE THE TRAINEES DIRECT EMPLOYEES ON YOUR COMPANY'S PAYROLL?**

Yes       No

If no, please specify: \_\_\_\_\_

**9. LIST OF TRAINEE DETAILS**

No	Name	IC Number	Designation Code	Gender	Race	Academic Qualification	Email

(Please attach a separate list if necessary)

**Designation Code References: -**

- 01= Manager
- 02=Administrative & Support Staff
- 03=Technician
- 04=Supervisor
- 05=Production Employee
- 06=Engineer
- 07=General Worker
- 08=Sales / Marketing / Service Staff
- 09=Skilled Employee
- 10=Professional
- 11=Lecturer
- 12=Executive

**PART III - ESTIMATED COST OF TRAINING**  
**REMINDER : PLEASE FILL IN APPLICABLE SECTIONS ONLY**

<b>1.</b>	<b>Course Fee</b> (RM _____ Per pax x No. of Trainee(s) _____ )	<b>RM</b> _____
<b>2.</b>	<b>Trainees Meal Allowances</b> (RM _____ Per Day x No. of Trainees _____ x No. of Training Days _____ )	<b>RM</b> _____
<b>3.</b>	<b>Daily Allowances for Trainee(s) From Headquarters / Branches</b> (RM _____ Per Day x No. of Trainee(s) _____ x No. of Days _____ )	<b>RM</b> _____
<b>4.</b>	<b>Economy Rate Airfare For Trainee(s) From Headquarters / Branches</b> (RM _____ Per Day x No. of Trainee(s) _____ )	<b>RM</b> _____
<b>TOTAL TRAINING COST REQUESTED</b>		<b>RM</b> _____

**PART IV – ACKNOWLEDGEMENT OF EMPLOYER**

a) I agree that the training fee amounting to RM \_\_\_\_\_ to be claimed by:

i) Name of Training Provider : \_\_\_\_\_

ii) Registration No. of Training Provider : \_\_\_\_\_

for course title / programme \_\_\_\_\_

that will be conducted from \_\_\_\_\_ to \_\_\_\_\_ and to be debited from our account by  
Pembangunan Sumber Manusia Berhad .

b) I agree to accept this training grant subject to terms and conditions as stated by Pembangunan Sumber Manusia Berhad.

**PART V – DECLARATION**

I/We declare that the facts stated in this application and the accompanying information are true and correct and that I/we have not withheld / distorted any material facts. I/We understand that if I/we obtain the grant by false or misleading statements, I/we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act, 2001 (Act 612) and in addition, PSMB may, at its discretion, withdraw the grant and recover immediately from us any amount of the grant that may have been disbursed.

SIGNATURE : \_\_\_\_\_

NAME : \_\_\_\_\_

I/C NUMBER : \_\_\_\_\_

STAMP OF DESIGNATION : \_\_\_\_\_  
Chairman/ Executive Director/ General Manager,  
Training Manager/ Manager/ Executive

DATE : \_\_\_\_\_