

C**EDUCATIONAL BACKGROUND**

Name of University/College/School	Year		Qualification Obtained	Field of Study	Grade / CGPA
	From	To			

D**CO-CURRICULUM ACTIVITIES**

Sports / Games	Membership of Clubs, Societies, Associations etc.	Membership Status / Position Hold	Achievement	Year	
				From	To

E**EMPLOYMENT HISTORY**

Employer's Name & Address	Position Held	Year		Achievement	Reason For Leaving
		From	To		

F**PROFESSIONAL MEMBERSHIP**

Name of Professional Institute	Membership Status	Year		Professional Designation Obtained
		From	To	

G**LANGUAGE PROFICIENCY (Please indicate proficiency as Poor/Fair/Fluent)**

Type of Language	Spoken	Reading	Writing

H**OTHER SPECIAL SKILLS**

Computer Skill	Basic	Intermediate	Advanced
MS Office(Word / Excel / PowerPoint) Please (√) where applicable.			

I**OTHER INFORMATION**

1. Have you ever been convicted in any court of law of any country? **(Yes / No)**
2. Have you ever had any mental breakdown or have suffered from any serious injury / illness / disease (Epilepsy / Asthma / Diabetic / Heart Related Problem etc. **(Yes / No)**
3. Are you a bankrupt or have you ever been a bankrupt ? **(Yes / No)**
4. Do you have any relatives working with Malaysian Biotechnology Corporation Sdn Bhd ? **(Yes / No)**
5. Please indicate preferred training position : _____
(Pulau Pinang, Kuantan, Marang, Kuala Lumpur, Pasir Gudang, Kota Kinabalu, Kuching)

J**REFERENCES**

Name & Occupation	Address	Contact No.	Relationship and No of Years Known

K**DECLARATION**

I hereby declare that the information given by me in this form is correct and true to the best of my knowledge. I fully understand and accept that if I were to be accepted into the Biotechnology Entrepreneurship Special Programme (BeST) and at any time during the engagement, it is found that false declarations have been made in this form, BiotechCorp has the absolute right to terminate my participation in the programme. I also give my consent to Malaysian Biotechnology Corporations Sdn Bhd to contact the abovementioned referees and any other party for verifications of information declared in this form.

Signature_____
Date

Name : _____

