

**PERSONAL HISTORY  
FOR ASSIGNMENT AS TRAINING/WORKSHOP EXPERT**

**INSTRUCTIONS**

**Completion and Usage of the PHF**

This form should be completed accurately.

- Please note that unless an office address is indicated, Nuclear Malaysia will use your home address for all official purposes.
- Keep a copy of these forms for your own file, and as soon as there are significant changes to the information provided (change of address, additional education/experience, etc.), please notify Nuclear Malaysia accordingly. A PHF is normally valid for 2 years.
- The information provided should be as complete and detailed as possible. For example, description of your professional experience (PART B) should not be limited to general references to a position as "Professor", "Research Associate", "Technical Adviser", etc., without any further explanations; or to duties as "Research and Development" without stating the field of research or what was being developed. Emphasis in the completion of that part should be placed on the objectives and responsibilities of the position(s) you have been holding, any major accomplishments, and familiarity with any particular equipment/machinery, etc. Also, should you be filling in this form in connection with a specific expert assignment, the relevant qualifications and expertise required should be highlighted under **Specializations** in Part B.
- Extra pages may be added if required.
- Please do not submit any publications with the PHF, but attach a list thereof (listing the titles, publisher, year of publication).
- Whenever you are considered for a specific assignment, Part B of the PHF is forwarded -- on a confidential basis -- to the recipient Government for their concurrence on your candidature. The information provided in Part A is treated as confidential and not released to any person or organization outside the Nuclear Malaysia.

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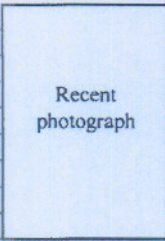
**A - ADMINISTRATIVE INFORMATION**

Title of Training/Workshop: Plant Production Under Controlled Environment System

**Personal Data**

<input type="checkbox"/> Female	<input type="checkbox"/> Male
Family name: (as in Passport)	
First name:	
Complete mailing address (office):	
Inst. Name:	
Street:	
P.O. Box:	Post Code:
Town/City:	
Region/District:	
Country:	

Date of birth (yyyy-mm-dd):
Place of birth:
Nationality:
Telephone (office):
Fax:
e-mail:
Web Page:
Emergency Phone no.:



Airport/town nearest to residence:

**Home Address (please indicate full address)**

Street:	
P.O. Box:	Post Code:
Town/City:	
Region/District:	
Country:	

Telephone (home):
Fax:
e-mail:

**Health** (a medical examination may be required depending upon the length of appointment and age of the applicant)  
 If you have a physical disability or medical condition which might limit your ability to perform an assignment under difficult conditions or travel by air, please indicate the limitations:

I certify that the statements made by me in PART A of this form are true, complete and correct to the best of my knowledge and belief. I understand that I might be requested to provide **documentary evidence** in support of my statements. If necessary, I will obtain release from my employer.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**MALAYSIAN NUCLEAR AGENCY (NUCLEAR MALAYSIA)**  
**BANGI 43000 KAJANG, SELANGOR, MALAYSIA**  
**TEL: 603-89250510 FAX: 603-89282956**  
 Website: <http://www.mint.gov.my>

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**B - PROFESSIONAL INFORMATION**

Name: Mr/Ms.	Nationality:	Date of birth:
Telephone No.	Fax No.:	e-mail:

Type and No. of national passport:	Place of issue:	Date of issue:	Validity	Father's full name:	Mother's full name:
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KNOWLEDGE OF LANGUAGES	Read		Write		Speak		Understand	
	Easily	Not easily	Easily	Not Easily	Easily	Not Easily	Easily	Not Easily
Mother tongue:								
Other languages								

**EDUCATION (scientific, technical and professional education; start with the highest degree, certificate or diploma)**

Dates attended	Name and location of institution of learning	Academic degrees, certificate or diplomas obtained	Main field of study
From	To		

List your field of specializations:

**PROFESSIONAL EXPERIENCE (Start with your most recent position)**

From:	To:	Title of position:
Employer (name and address) and type of business:		Number and kind of staff supervised:

Duties:

<b>PROFESSIONAL EXPERIENCE (continued)</b>		
From: Employer (name and address) and type of business:	To: Employer (name and address) and type of business:	Title of position: Number and kind of staff supervised:
Duties:		
From: Employer (name and address) and type of business:	To: Employer (name and address) and type of business:	Title of position: Number and kind of staff supervised:
Duties:		
List any significant publications or papers you have written which are relevant to your specializations:		
List any lecturing experience you have (topics, duration):		
List specific experience, not given above, related to the transfer of scientific and technical knowledge with special emphasis on developing countries and on project management:		
List special qualifications and skills confirmed by licenses held and membership in professional, civic, public or international societies or institutions relevant to your application:		

## CONFIDENTIALITY UNDERTAKING FOR EXPERT

1. I hereby undertake, as part of the terms and conditions of my contract with the Institution, not to disclose at any time during or after my contract with the Institution any confidential information which may come to my knowledge in connections with my contract with the Institution, including any commercial, technological or industrial secrets to which I have had access in the course of my contract, to any person, Government or organization not authorized to receive such information.
2. I further undertake that, for the duration of my contract with the Institution, I shall:
  - a) follow the Institution's procedures for the safekeeping, handling and release of any such information;
  - b) restrict any use I make of such information, both within and outside the Institution, to the proper execution of my official duties;
  - c) refrain from any unauthorized use of such information to my private advantage or to that of any third party.
3. I undertake that, at all times following the termination of my contract with the Institution, I shall not use, disclose or disseminate any of the information referred to in Paragraph 1 above, except as authorized by the Director General. I also undertake to take no action that may lead to such information being disclosed or exploited to the detriment of the Institution.
4. I understand:

that a breach of my obligation not to disclose confidential information without appropriate authorization, as provided for in the terms and conditions of my contract with the Institution, including this Undertaking, may result in the initiation of legal proceedings against me, during or after my contract with the Institution, and that, for such purpose, the Director General may waive any immunity which may pertain to me.

\_\_\_\_\_  
Date and Place

(Name)

\_\_\_\_\_  
Signature