



**JABATAN PENDAFTAR**

**ATTENDANCE CONFIRMATION FORM (TRAINING ABROAD)**

**A. STAFF INFORMATION**

Name  Staf ID

Position

Unit/ Section/  
PTJ/ Faculty

**B. TRAINING DETAILS ATTENDED**

Types of training

Training Period ..... / ..... / 20 ..... untill ..... / ..... / 20 ..... (DD/MM/YYYY)

Place of Training

Country

Supervisor's Signature  Stamps

Name  Date .... / ..... / 20 ..... (DD/MM/YYYY)

**C. CONFIRMATION BY THE FACULTY'S HR DEPARTMENT (UTM)**

Deputy / Assistant Registrar Signature  Stamps

Name  Date .... / ..... / 20 ..... (DD/MM/YYYY)

**THIS FORM SHOULD BE SUBMITTED TO CENTER FOR TRAINING AND LEADERSHIP DEVELOPMENT (CTLD)  
REGISTRAR DEPARTMENT, UNIVERSITI TEKNOLOGI MALAYSIA**