

Human Resource Department,
<company address>
(Att.: Human Resource Manager)

Dear Sir/ Madam,

APPLICATION FOR INDUSTRIAL TRAINING PLACEMENT

Name : VHEESHAL A/L PARAMESWARAN
Student ID : RC21538
Program : *Diploma Computer Science*
Faculty : **Faculty of Computing**

As a part of graduation requirements, the Final Semester Students/Year 3 students of **Universiti Malaysia Pahang** will have to undergo an industrial training program for duration of maximum of one (1) semester. Training will tentatively commence on 13 March 2023 to 25 August 2023.

2. I have finished theoretical and hands on education and this practical training will be my **compulsory subject** before entering the work market. Therefore I seek your kind support and cooperation by considering me to be attached to your company.

3. Enclosed herewith, please find a set of reply form, my results and resume for your perusal. Kindly reply within 2 weeks upon receiving this letter or not later than <last date before SLI, please check LI schedule >. Should you have any inquiries, please don't hesitate to contact me.

Look forward for a positive reply from you as soon as possible.

Thank you.

Yours sincerely,

Vheeshal

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Name:VHEESHAL PARAMESWARAN
H.P no: 012-773-4452
E-mail : vheeshal2@gmail.com

Enc. i. Curriculum Check List/Partial Transcript
 ii. Resume
 iii. Industrial Training Reply Form



Reply to:

INDUSTRIAL TRAINING UNIT & GRADUATE EMPLOYABILITY
INDUSTRIAL PARTNERSHIP & COMMUNITY RELATION DIVISION
UNIVERSITI MALAYSIA PAHANG (UMP)
LEBUHRAYA TUN RAZAK,
26300 GAMBANG, KUANTAN, PAHANG, MALAYSIA.

TEL: +609 - 549 2750

Email: li@ump.edu.my

FAX: +609 - 549 2525

<http://jjim.ump.edu.my>

Industrial Training Period : _____ to _____ (please state dates and duration if different from application letter)

1. Please specify whether your organization is willing to offer industrial training place for:

YES (Offer is valid until _____)

NO

Name : _____ <please fill in>

Student ID : _____

Identity Card No. : _____

Program : _____

2. List of benefits (if any):

(a) Allowance YES RM/\$: NO

(b) Accommodation YES NO

(c) Overtime YES RM/\$: NO

(d) Others (please specify): _____

3. Please briefly specify scope of work for Interns:

(a) Working days: _____

(b) Working hours: _____

(Please specify if the students required to work in shift)

4. Please specify Company Information:

- (a) Company name: _____
- (b) Company Registration No: _____
- (c) Company Type: MNC | GLC | SME | GOVERNMENT | OTHERS: _____
- (d) CEO/HR Manager or someone in upper management: _____
- (e) Designation: _____
- (f) Mailing address: _____

- (g) Contact person name: _____
- (h) Contact person position: _____
- (i) Contact person email: _____
- (j) Telephone no.: _____
- (k) Fax no.: _____

5. Please specify Industrial Supervisor/person in charge information:

- (a) Supervisor's name: _____
- (b) Contact no: _____
- (c) Email: _____
- (d) Training address: _____

Signature : _____

Name : _____

Position : _____

Date : _____

Official stamp : 