

Please send your complete application form and related documents to Talent Development Unit, Human Capital & Organizational Development

**INSTITUT JANTUNG NEGARA**

No. 145, Jalan Tun Razak, 50400, Kuala Lumpur.  
Tel: (603) 2617 8200  
Fax: (603) 2698 2824  
www.ijn.com.my

**APPLICATION FOR ATTACHMENT / INTERNSHIP**

Undergraduate  Master Program (currently employed / unemployed)

Name of current University / Hospital: .....

Training in Department: Please tick ( / ) the relevant department

Clinical Elective Posting		Allied Health Posting		Nursing		Corporate Service	
<input type="checkbox"/>	Cardiothoracic Surgery	<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>	Intensive Care Unit (ICU)	<input type="checkbox"/>	Human Capital & Org. Development
<input type="checkbox"/>	Cardiology	<input type="checkbox"/>	Lab & Blood Services	<input type="checkbox"/>	Critical Care Unit (CCU)	<input type="checkbox"/>	Corporate Communication
<input type="checkbox"/>	Anaesthesia & Intensive Care	<input type="checkbox"/>	Dietetics & Food Services	<input type="checkbox"/>	Invasive Cardiac Lab (ICL)	<input type="checkbox"/>	Marketing & Medical Tourism
<input type="checkbox"/>	Pediatric Cardiology	<input type="checkbox"/>	Radiology	<input type="checkbox"/>	Non-Invasive Cardiac Lab (NCL)	<input type="checkbox"/>	Facilities Management
<b>Other Department (Please Specify)</b>							

Kindly fill up applicant's details as follows:

Name		Mailing Address	
NRIC / Passport No		Marital Status	
HP Number		Nationality	
Email Address			

Proposed Selective / Elective Posting / Sub-Specialty

No.	Department	Date Start	Date End	Duration
1.				
2.				

Supporting Document Checklist (Please scan and attach in PDF format)

No.	Documents	Yes / No	Remarks
1.	Confirmation Letter (Students / Employment) with university / hospital letterhead		
2.	Areas of Intent for Internship (Research topic / log book / thesis data gathering)		
3.	Copy of academic transcript (Certified true copy)		

REQUESTED BY:

SUPPORTED BY:

.....  
Full Name (IN BLOCKS)

.....  
Name & Signature (Head of Department / Supervisor)

.....  
Signature

.....  
Designation

.....  
University / Organization's Name

.....  
University / Organization's Name & Official Stamp

Tel: ..... Date: .....

Tel: ..... Date: .....

The portion below is for IJN's office use only

**Approval by Human Capital & Organization Development**

( / )	Decision	Remarks	Signature
	Accepted		
	Reject		

Effective Date: 3<sup>rd</sup> July 2021