



MAJLIS PERUBATAN TRADISIONAL & KOMPLEMENTARI
TRADITIONAL & COMPLEMENTARY MEDICINE COUNCIL

**BORANG MAKLUMAT PEMOHON BAGI PERMOHONAN UNTUK PERAKUAN PENGAMALAN
PENGAMAL BERDAFTAR**

*APPLICANT INFORMATION FORM FOR APPLICATION FOR REGISTERED PRACTITIONER'S
PRACTISING CERTIFICATE*

MAKLUMAT PERIBADI <i>PERSONAL INFORMATION</i>			
NAMA (seperti dalam dokumen pengenalan): <i>Name (as in identification document) :</i>			
No Dokumen Pengenalan / Passport / Lain-lain : <i>Identification Card / Passport /Others :</i>			
No Telefon Bimbit : <i>Hanphone No :</i>		No Telefon Pejabat : <i>Office Telephone No :</i>	
Emel : <i>Email :</i>			
ALAMAT TEMPAT MENGAMAL DI MALAYSIA <i>PRACTISING ADDRESS IN MALAYSIA2</i>			
(i) Nama dan Alamat Tempat Amalan Utama* <i>Name and Address of Principal Place of Practice</i>			
(ii) Nama dan Alamat Tempat Amalan Lain (jika berkenaa) <i>Name and Address of Other Place of Practice (If applicable</i>	a).....		
	b).....		
	c).....		
<hr/> Tandatangan Pemohon / Applicant's Signature		<hr/> Tarikh / Date	
Nama Penuh / Full Name:			

*Sekiranya anda mengamalkan PT&K seccara bebas:

- (i) Sila tuliskan 'Freelance' sebagai Nama Tempat Amalan Utama
- (ii) Sila tuliskan **alamat kediaman anda** sebagai Alamat Tempat Amalan Utama

*if you are practising T&CM as frelance:

- (i) Kindly write down '**Freelance**' as the Name of Principal Place of Practice
- (ii) Kindly write down '**your home address**' as the Address of Principal Place of Practice