



**PIHAK BERKUASA PERANTI PERUBATAN
MEDICAL DEVICE AUTHORITY
MINISTRY OF HEALTH**

Email: trainingpackage@mda.gov.my

**TRAINING BY THE AUTHORITY: - COMPULSORY COMPETENCY
MODULE (REGULATORY REQUIREMENTS) FOR BIOMEDICAL
TECHNICAL PERSONNEL**

13TH NOVEMBER 2019, MEDICAL DEVICE AUTHORITY

<i>Registration Form</i>			
Name			
NRIC/ Passport			
Organization Name			
Company Address			
Postcode		State	
Telephone no.		Email	
Hand phone no.		Fax no.	
Vegetarian	YES / NO	Invoice	YES / NO
Venue	BILIK SEMINAR 1 & 2, LEVEL G, PRIMA 9, PRIMA AVENUE II, BLOCK 3547, PERSIARAN APEC, 63000 CYBERJAYA		
Registration Fees	RM 750.00		
Mode of Payment	Bank draft No: _____ for the sum of RM _____ *Payment should be made to “KUMPULAN WANG PIHAK BERKUASA PERANTI PERUBATAN”. *Payment in Malaysia Ringgit (MYR only). *Please bring the BANK DRAFT on the day of registration. *Participant’s name on the CERTIFICATE will be based on name given on the registration form.		

E-mail completed form to trainingpackage@mda.gov.my . For more information, please contact **Shamala A/P Nagarajo** at **603 8230 0223**

= Only completed form with the bank draft will be accepted during the registration =



Administrative use only
Received date: