



(614589-A)

Industrial Training at IKOP Sdn Bhd

Application Form

Name		
Email address		
Contact No.		
Age		
Citizen		
Name of Institution		
Address of Institution		
Study programme		
Year of study		
Sponsorship (Please TICK)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Emergency contact	Name	Telephone No.
Training period		
Total duration (week)		
Others		
OFFICE USE ONLY	Attended by:	
	Date:	
	Decision:	Accepted/NOT Accepted

Please email to info@ikop.com.my OR fax to us. Thank you very much.

A GMP Manufacturer of Shariah-Compliant Pharmaceuticals

IKOP Sdn Bhd

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