



STRETCHING LIMITS • SINCE 1979

KOSSAN GROUP OF COMPANIES

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AFFIX
PHOTOGRAPH
HERE

INTERNSHIP APPLICATION FORM

A. PERSONAL DETAILS

Full Name : _____
Home Address : _____
Telephone Number : (H) _____ (M) _____ Email : _____
NRIC No. : _____ Race : _____ Age : _____
Place of Birth : _____ Date of Birth : _____

B. EDUCATION

Course : _____
Name of Institution : _____
Location : _____
Graduation Date : _____ mm/yyyy

Internship Duration (Please provide start and end dates) :

From : _____ To: _____

Please write down your preferred training field

1. _____
2. _____
3. _____

ACADEMIC RECORDS

Please scan and attach your most recent results / academic transcript from your university / college.

C. HEALTH DECLARATION

Have you been suffering from any physical impairment / disease / allergies / undergone surgery? : Yes No

If yes, please state : _____

D. OBJECTIVES

What do you wish to achieve through this programme?

(In not more than 50 words)

E. CURRICULUM VITAE (CV)

Please attach your CV and other relevant documents.

F. EMERGENCY CONTACT

Name : _____

Contact no : _____

Relationship : _____

G. DECLARATION

I hereby declare that the particulars provided are true and correct.

NAME:

DATE

ACCEPTANCE OF INTERNSHIP (For Office Use Only)

Accepted by (HOD)

Signature : _____

Name : _____

Department : _____

Position : _____

Date : _____

Approved by (FM / GM / ED)

Signature : _____

Name : _____

Department : _____

Position : _____

Date : _____