



TRAINING PROGRAM PROPOSAL

[Program name]

[Organizer]



Program Introduction				
Program Objectives				
Objectives				
Supporting	Name of company:			
Company/	Company registration number: [please attach the company's certificate]			
Agency Involved	Full address: Contact person:			
Participants	Number of participants targeted:			
rarcicipants	Criteria of participants:			
	i) Undergraduate/ Postgraduate ii) 1 st year/ 2 nd year/ 3 rd year/ Final year			
	iii) Programme:			
Training	Program Kebolehpasaran Graduan			
Program Category	Skill Based			
Catego. y				
	☐ Professional Certification			
Duration of	Start date:			
Training	End date:			
	Duration:			
Location of	Location 1:			
Training	Location 2:			
	Location 2.			
Specific Target	The training will be focusing on the following crop(s)/ livestock(s):			
Crop/ Livestock	i)			
	ii)			
	iii)			

Aspects of	0 Plantation/ cultivation/ production						
Training	0 Manufacturing						
	0 Marketing						
	0 Research & innovation						
	0 Other:						
Training Module	[Please attach]						
Supporting Documents	i) University's support letter [<i>please attach</i>]						
Documents	ii) Industry's support letter [please attach]						
	iii) Company's guarantee letter [please attach]						
Financial Implication	Example :						
-	Item	Measurement	RM/Unit	Quantity	Total	Incurred	
		Unit			(RM)	Ву	
	Elaun	Month	800	7	5600	ICoE	
	Transport	Day	250	15	3750	Company/ Agency	
	Lodging	Day	10	10	100	Institution	
	Total cost to be incurred by institution: RM100.00 (1%) Total cost to be incurred by company/agency: RM3750.00 (40%) Total cost to be incurred by ICoE Agriculture Cluster: RM5600.00 (59%) Total cost of training program: RM9450.00 (100%)						
Contact Information	 Officer in Charge: Position: Company Name: Phone (office): Phone (mobile): Email: 						

FOR OFFICE USE

Official Stamp:

Evaluation by Appraisal Committe

Criteria	Score
Professional Certification	01 02 03 04 05
Job Placement	01 02 03 04 05
Involvement of Industry Main Player	01 02 03 04 05
Cost Sharing between industry and university	01 02 03 04 05

Overall comment	
Signature:	
Chairman of Appraisal Committee	
Official Stamp:	
Endorsement by Main Committee	
The training program is	
□ approved	
□ not approved	
approved but subject to the improvement	
Total budget approved	
Signature:	
Chairman of Main Committee	