

	Suruhanjaya Hak Asasi Manusia Malaysia (SUHAKAM) Level 11, Menara TH Perdana 1001, Jalan Sultan Ismail 50250 Kuala Lumpur		<i>Applicant's passport size photo</i>
	INTERNSHIP APPLICATION FORM		
APPLICANT'S PARTICULARS			
Name		<input type="checkbox"/>	Male
		<input type="checkbox"/>	Female
IC No.			
Nationality			
Religion			
Contact details	Correspondence Address		
	Tel. No.:		H/phone No.:
	Email address		
	Next of kin (In event of an emergency)		
	Name		
	Relationship		
	Tel. No.: H/phone No:		
Name of nominating Institute of Higher Learning enrolled			
Field of study			
GCPA attained as of date of application			
Practical experience a requisite for conferment of a degree	<input type="checkbox"/>	Yes. Duration: months	
	<input type="checkbox"/>	No	

SUPERVISOR'S PARTICULARS		
Name		
Designation		
Contact details	Correspondence Address	
	Tel. No.:	H/phone No.:
	Email address	

DECLARATION		
Applicant	I hereby declare that all information provided in this application and its annexure is true and correct. I acknowledge that SUHAKAM may reject my application if the information and documents provided are found to be false or incomplete.	
	Signature	Date
Supervisor	I, on behalf of _____ (Name of Tertiary Institution of the applicant) do hereby nominate and support _____ (Applicant's name) internship at SUHAKAM.	
	Signature	Date