

Attachment:

- a) Photo
- b) CV
- c) Copy of certificates



ASIAN INTERNATIONAL ARBITRATION CENTRE

Application Form for The AIAC Internship Programme

A. PERSONAL DATA					
Name: (As Per NRIC)			Birthdate: Day.....Mth.....Yr.....		Age:..... Yrs
Place of Birth:					
Race:	Religion:	Nationality:	Passport No:	Date of Issue:	
Sex:	M	F	Marital Status:		Date of Expiry:

Mailing Address:			Permanent Address:		
Post Code: City/State:			Post Code: City/State:		
Phone No:	(H):	(O):	Ext:	(H/P):	
Emergency contact person:			Driver's License: () Yes () No		
Relationship:			Own a car / Motorcycle: () Yes () No		
Address:			Parents Name:		Father
			Age:		Mother
Phone No.:			Occupation:		

B. DETAILS OF SPOUSE & FAMILY (Complete only if married)				
Name of Spouse:		Name of Children		No. of Dependant Children:.....
Age:		1.	Age: yrs	
Spouse's Company:		2.	Age: yrs	
Type of Business:		3.	Age: yrs	
Spouse's Occupation:		4.	Age: yrs	
Tel. No: (O) Ext: (HP):		5.	Age: yrs	

C. EDUCATION BACKGROUND				
Level	Name of School / Institution	Course	Year Completed	Scholastic Achievement

D. (1) PROFESSIONAL / TECHNICAL COURSES			
Course Taken	Institution	Period	Professional Diploma Awarded

D. (2) PROFESSIONAL MEMBERSHIPS

E. LANGUAGE & DIALECTS PROFICIENCY						
	Speak		Read		Write	
Bahasa Malaysia	() Good	() Fair	() Good	() Fair	() Good	() Fair
English	() Good	() Fair	() Good	() Fair	() Good	() Fair
Tamil	() Good	() Fair	() Good	() Fair	() Good	() Fair
Mandarin	() Good	() Fair	() Good	() Fair	() Good	() Fair
Others, Please Specify:.....	() Good	() Fair	() Good	() Fair	() Good	() Fair

F. WORK RELATED SKILLS			
P.C. Application Software:-	Word Processing	Spreadsheet	Accounting Software
	() Microsoft Word	() Microsoft Excel	Specify:.....
Others, Please Specify:-			
Describe any of your work related skills, experience or training that relate to the position applied for: -			

I. HOBBIES / SOCIAL / COMMUNITY SERVICE			
Hobbies & Interest: -			
No.	Athletic / Civil Activities	No.	Clubs / Associations
Have you ever been convicted in a court of law? If so, provide details			
Have you been, or are you suffering from any physical impairment of disease? If so, provide details			
Do you have any relatives / friends working with our Company ? () Yes () No If yes, please indicate below: - Name:..... Department:..... Relationship:.....			
If you are to be employed by us how much notice of resignation does your present employer require? Month(s). Date available to start work.....			

J. REFEREES. (One must be from current or previous employment)	
Name:	Address:
Occupation:	
Position / Company:	
Contact No.:	

Name:	Address:
Occupation:	
Position / Company:	
Contact No.:	

DECLARATION	
<p>1. I declare that the information given in this application is true and accurate and understand that any misrepresentation / withholding of information relating to the above may be sufficient to cause disqualification of my application for the internship programme.</p> <p>2. Enclosed are my relevant certificates, documents and recent passport size photograph.</p>	
<p>.....</p> <p>Signature of Applicant</p>	<p>.....</p> <p>Date</p>