Universiti Kebangsaan Malaysia | Universiti Malaya | Universiti Sains Malaysia | Universiti Teknologi MARA | Kementerian Kesihatan Malaysia | Akademi Perubatan Malaysia | Universiti Putra Malaysia | Universiti Islam Antarabangsa Malaysia | Universiti Malaysia Sarawak

JAWATANKUASA BERSAMA SARJANA PERUBATAN PSIKIATRI DAN PERUBATAN PSIKOLOGI (NATIONAL COINJOINT BOARD FOR PSYCHIATRY)

PROGRAM SISWAZAH PSIKIATRI (Postgraduate Psychiatry Program)

BUKU KETERANGAN UNTUK PENGGILIRAN SANGKUTAN (Rotational Posting Information)

NAMA/NAME :_____

NOMBOR MATRIKS/MATRIC NUMBER :_____

UNIVERSITI/UNIVERSITY :_____

Photo

PERSONAL PARTICULARS

NAME :							
MATRIC NO:		**PASSPORT NO:**					
I.C. NO:							
UNIVERSITY: (Please tick)	**UKM** ( )	**UM** ( )	**USM** ( )	**UiTM** ( )	**UPM** ( )	**UIAM** ( )	**UNIMAS** ( )
YEAR OF REGISTRATION:							
TRAINING SYSTEM:	☐ **OPEN SYSTEM**			☐ **CLOSED SYSTEM**			

Year	Posting	Duration	Remarks
Year 1	General Psychiatry**	6 months	
	General Psychiatry**	6 months	
Year 2 and Year 3 (phase II)	General Psychiatry**	8 months	
	Rehabilitation and Community Psychiatry	3 months*	
	Forensic Psychiatry	3 months*	
	Geriatric Psychiatry	6 weeks	
	Neurology/medical	3 months	
	Child and Adolescent	4 months	
	Addiction Psychiatry	6 weeks	
Year 4	General Psychiatry**	8 months	
	Consultation Liaison	3 months	
	Elective	4 weeks	

Photo

PERSONAL PARTICULARS

NAME :							
MATRIC NO:		**PASSPORT NO:**					
I.C. NO:							
UNIVERSITY: (Please tick)	**UKM** ( )	**UM** ( )	**USM** ( )	**UiTM** ( )	**UPM** ( )	**UIAM** ( )	**UNIMAS** ( )
YEAR OF REGISTRATION:							
TRAINING SYSTEM:	☐ **OPEN SYSTEM**			☐ **CLOSED SYSTEM**			

Year	Posting	Duration	Remarks
Year 1	General Psychiatry**	6 months	
	General Psychiatry**	6 months	
Year 2 and Year 3 (phase II)	General Psychiatry**	8 months	
	Rehabilitation and Community Psychiatry	3 months*	
	Forensic Psychiatry	3 months*	
	Geriatric Psychiatry	6 weeks	
	Neurology/medical	3 months	
	Child and Adolescent	4 months	
	Addiction Psychiatry	6 weeks	
Year 4	General Psychiatry**	8 months	
	Consultation Liaison	3 months	
	Elective	4 weeks	

YEAR 1 - POSTING.

GENERAL PSYCHIATRY (6 MONTHS)

VENUE : _____

	Starting Date	End Date	Supervisor's Comment	Supervisor'sName and Signature
1.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
2.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
3.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

YEAR 1 - POSTING.

GENERAL PSYCHIATRY (6 MONTHS)

VENUE : _____

	Starting Date	End Date	Supervisor's Comment	Supervisor'sName and Signature
1.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
2.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
3.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

YEAR 1 - POSTING.

GENERAL PSYCHIATRY (6 MONTHS)

VENUE : _____

	Starting Date	End Date	Supervisor's Comment	Supervisor'sName and Signature
4.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
5.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
6.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

YEAR 1 - POSTING.

GENERAL PSYCHIATRY (6 MONTHS)

VENUE : _____

	Starting Date	End Date	Supervisor's Comment	Supervisor'sName and Signature
4.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
5.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
6.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

ACADEMIC ACTIVITIES - YEAR 1:

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

ACADEMIC ACTIVITIES - YEAR 1:

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

ACADEMIC ACTIVITIES - YEAR 1:

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

ACADEMIC ACTIVITIES - YEAR 1:

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

PHASE II - YEAR 2 AND YEAR 3 - POSTING.

COMMUNITY PSYCHIATRY (3 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

PSYCHOGERIATRIC (6 WEEKS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

ADDICTION PSYCHIATRY (6 WEEKS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

PHASE II - YEAR 2 AND YEAR 3 - POSTING.

COMMUNITY PSYCHIATRY (3 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

PSYCHOGERIATRIC (6 WEEKS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

ADDICTION PSYCHIATRY (6 WEEKS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

FORENSIC PSYCHIATRY (3 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

GENERAL PSYCHIATRY (3 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

NEUROMEDICAL (3 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

FORENSIC PSYCHIATRY (3 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

GENERAL PSYCHIATRY (3 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

NEUROMEDICAL (3 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

CHILD AND ADOLESCENT PSYCHIATRY (4 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

GENERAL PSYCHIATRY (4 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

CHILD AND ADOLESCENT PSYCHIATRY (4 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

GENERAL PSYCHIATRY (4 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

ACADEMIC ACTIVITIES - YEAR 2

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

ACADEMIC ACTIVITIES - YEAR 2

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

ACADEMIC ACTIVITIES - YEAR 2

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

ACADEMIC ACTIVITIES - YEAR 2

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

ACADEMIC ACTIVITIES - YEAR 3

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

ACADEMIC ACTIVITIES - YEAR 3

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

ACADEMIC ACTIVITIES - YEAR 3

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

ACADEMIC ACTIVITIES - YEAR 3

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

Notes / Remarks / Comments by Student for Personal Reference/s

(eg. Conference & date/ Clinico-Pathological Conference & date / Revision Course & date / Block Teaching & date)

Notes / Remarks / Comments by Student for Personal Reference/s

(eg. Conference & date/ Clinico-Pathological Conference & date / Revision Course & date / Block Teaching & date)

Therapy sessions: Conducted and participated

1. Psychodynamic psychotherapy (minimum of 10 sessions)

a. Patient's initial and RN number:
b. Candidate's role:
c. Name of supervisor:

No.	Date of session	Supervisor's comment and signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

Therapy sessions: Conducted and participated

1. Psychodynamic psychotherapy (minimum of 10 sessions)

a. Patient's initial and RN number:
b. Candidate's role:
c. Name of supervisor:

No.	Date of session	Supervisor's comment and signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

2. Cognitive psychotherapy (minimum of 10 sessions)

a. Patient's initial and RN number:

b. Candidate's role:

c. Name of supervisor:

No.	Date of session	Supervisor's comment and signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

2. Cognitive psychotherapy (minimum of 10 sessions)

a. Patient's initial and RN number:

b. Candidate's role:

c. Name of supervisor:

No.	Date of session	Supervisor's comment and signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

PHASE III - YEAR 4 - POSTING

ELECTIVE PSYCHIATRY (4 WEEKS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

LIASON PSYCHIATRY (3 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

GENERAL PSYCHIATRY (8 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

PHASE III - YEAR 4 - POSTING

ELECTIVE PSYCHIATRY (4 WEEKS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

LIASON PSYCHIATRY (3 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

GENERAL PSYCHIATRY (8 MONTHS)

VENUE : _____

Starting Date	End Date	Supervisor's Comment	Supervisor's Name and Signature

ACADEMIC ACTIVITIES - YEAR 4

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

ACADEMIC ACTIVITIES - YEAR 4

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

ACADEMIC ACTIVITIES - YEAR 4

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

ACADEMIC ACTIVITIES - YEAR 4

(Case conference, Journal Club, Updates, Workshop, Conferences etc.)

To be filled by Postgraduate students			To be filled by Supervisor	
Date	Activity Description (describe the course / activity/duration)	Course Organiser	Method of Verification eg. Certificate/ Attendance	Supervisor's Signature & date

PROGRAM BERSAMA SARJANA PERUBATAN PSIKIATRI/PERUBATAN PSIKOLOGI

Universiti Kebangsaan Malaysia | Universiti Malaya | Universiti Sains Malaysia | Universiti Teknologi MARA | Kementerian Kesihatan Malaysia | Akademi Perubatan Malaysia

Report of Progress & Dissertation (Every 6 Month)

(Time Period ..... to ..... 20 .....)

PART I (To be filled by candidate)

A. Name of candidate : .....

Registration No : ..... Registration Date : .....

Study Year : ☐ 2 ☐ 3 ☐ 4 *(Please tick)*

Title of Dissertation : .....

.....

.....

Project Code : ....

Date of Approval by University Committee : .....

Name of Supervisor : 1. .....

2. .....

3. .....

PROGRAM BERSAMA SARJANA PERUBATAN PSIKIATRI/PERUBATAN PSIKOLOGI

Universiti Kebangsaan Malaysia | Universiti Malaya | Universiti Sains Malaysia | Universiti Teknologi MARA | Kementerian Kesihatan Malaysia | Akademi Perubatan Malaysia

Report of Progress & Dissertation (Every 6 Month)

(Time Period ..... to ..... 20 .....)

PART I (To be filled by candidate)

A. Name of candidate : .....

Registration No : ..... Registration Date : .....

Study Year : ☐ 2 ☐ 3 ☐ 4 *(Please tick)*

Title of Dissertation : .....

.....

.....

Project Code : ....

Date of Approval by University Committee : .....

Name of Supervisor : 1. .....

2. .....

3. .....

B. State the date of each to be completed or already completed. Please state any changes done to the earlier given dates.

Activities	DATE	SIGNATURE & COMMENTS OFSUPERVISOR (if any)
Phase II		
1. Discussion of title and methodology	.....	.....
2. Data collection starts	.....	.....
3. Data analysis	.....	.....
Phase III		
4. Draft completed (if draft has been initiated)	.....	.....
5. First draft of dissertation completed before According submission to format lecturer	.....	.....
6. Draft approved by supervisor	.....	.....
7. Dissertation sent to examiner	.....	.....

C. Please state:

(a) Problem encountered (if any)

.....

.....

.....

(b) Others / suggestions (if any)

.....

.....

.....

.....

Date: ..... Signature of Candidate: .....

B. State the date of each to be completed or already completed. Please state any changes done to the earlier given dates.

Activities	DATE	SIGNATURE & COMMENTS OFSUPERVISOR (if any)
Phase II		
1. Discussion of title and methodology	.....	.....
2. Data collection starts	.....	.....
3. Data analysis	.....	.....
Phase III		
4. Draft completed (if draft has been initiated)	.....	.....
5. First draft of dissertation completed before According submission to format lecturer	.....	.....
6. Draft approved by supervisor	.....	.....
7. Dissertation sent to examiner	.....	.....

C. Please state:

(a) Problem encountered (if any)

.....

.....

.....

(b) Others / suggestions (if any)

.....

.....

.....

.....

Date: ..... Signature of Candidate: .....

Candidate is required to hand –in the dissertation (after being correted by supervisor) four month before the Part III examination

Part II (To be filled by supervisor)

A. Please tick (√) in the correct box.

	Below Satisfactory	Average	Good	Exellent
Achievement by candidate	☐ 1	☐ 2	☐ 3	☐ 4

B. Note :

.....

.....

.....

.....

I confirm that I have seen the Part (I) of this form which has been filled by the candidate

Date: ..... Signature : .....

Name of Supervisor : .....

Date: ..... Signature : : .....

Head of Department : .....

Candidate is required to hand –in the dissertation (after being correted by supervisor) four month before the Part III examination

Part II (To be filled by supervisor)

A. Please tick (√) in the correct box.

	Below Satisfactory	Average	Good	Exellent
Achievement by candidate	☐ 1	☐ 2	☐ 3	☐ 4

B. Note :

.....

.....

.....

.....

I confirm that I have seen the Part (I) of this form which has been filled by the candidate

Date: ..... Signature : .....

Name of Supervisor : .....

Date: ..... Signature : : .....

Head of Department : .....

RECORD OF 4 YEAR LEAVES – YEAR_____ (PHASE I, YEAR 1)

NAME: ..... I/C NO: .....

REMAINDER OF PREVIOUS YEAR LEAVES : ( ) _____DAYS

NOOF LEAVES ENTITTLED THIS YEAR : ( ) _____DAYS

`HAZARD' LEAVES FOR THIS YEAR : ( ) _____DAYS

TOTAL NO. OF LEAVES : _____DAYS

TYPES OF LEAVES	**YEAR**	**DURATION**		**NO. OF DAYS**			**OTHERS**
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

RECORD OF 4 YEAR LEAVES – YEAR_____ (PHASE I, YEAR 1)

NAME: ..... I/C NO: .....

REMAINDER OF PREVIOUS YEAR LEAVES : ( ) _____DAYS

NOOF LEAVES ENTITTLED THIS YEAR : ( ) _____DAYS

`HAZARD' LEAVES FOR THIS YEAR : ( ) _____DAYS

TOTAL NO. OF LEAVES : _____DAYS

TYPES OF LEAVES	**YEAR**	**DURATION**		**NO. OF DAYS**			**OTHERS**
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

TYPES OF LEAVES	YEAR	DURATION		NO. OF DAYS			OTHERS
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

TOTAL NO. OF `HAZARD' LEAVES FOR _____**DAYS**

TOTAL NO. OF UNRECORDED LEAVES _____**DAYS**

TOTAL NO. OF ANNUAL LEAVES THIS YEAR _____**DAYS**

REMAINDER OF ANNUAL LEAVES _____**DAYS**

TYPES OF LEAVES	YEAR	DURATION		NO. OF DAYS			OTHERS
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

TOTAL NO. OF `HAZARD' LEAVES FOR _____**DAYS**

TOTAL NO. OF UNRECORDED LEAVES _____**DAYS**

TOTAL NO. OF ANNUAL LEAVES THIS YEAR _____**DAYS**

REMAINDER OF ANNUAL LEAVES _____**DAYS**

RECORD OF LEAVES – YEAR II (PHASE II) _____

NAME: ..... I/C NO: .....

REMAINDER OF PREVIOUS YEAR LEAVES : ( ) _____DAYS

NOOF LEAVES ENTITTLED THIS YEAR : ( ) _____DAYS

`HAZARD' LEAVES FOR THIS YEAR : ( ) _____DAYS

TOTAL NO. OF LEAVES : _____DAYS

TYPES OF LEAVES	YEAR	DURATION		NO. OF DAYS			OTHERS
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

RECORD OF LEAVES – YEAR II (PHASE II) _____

NAME: ..... I/C NO: .....

REMAINDER OF PREVIOUS YEAR LEAVES : ( ) _____DAYS

NOOF LEAVES ENTITTLED THIS YEAR : ( ) _____DAYS

`HAZARD' LEAVES FOR THIS YEAR : ( ) _____DAYS

TOTAL NO. OF LEAVES : _____DAYS

TYPES OF LEAVES	YEAR	DURATION		NO. OF DAYS			OTHERS
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

TYPES OF LEAVES	YEAR	DURATION		NO. OF DAYS			OTHERS
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

TOTAL NO. OF `HAZARD' LEAVES FOR _____**DAYS**

TOTAL NO. OF UNRECORDED LEAVES _____**DAYS**

TOTAL NO. OF ANNUAL LEAVES THIS YEAR _____**DAYS**

REMAINDER OF ANNUAL LEAVES _____**DAYS**

TYPES OF LEAVES	YEAR	DURATION		NO. OF DAYS			OTHERS
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

TOTAL NO. OF `HAZARD' LEAVES FOR _____**DAYS**

TOTAL NO. OF UNRECORDED LEAVES _____**DAYS**

TOTAL NO. OF ANNUAL LEAVES THIS YEAR _____**DAYS**

REMAINDER OF ANNUAL LEAVES _____**DAYS**

RECORD OF LEAVES – YEAR III (PHASE II) _____

NAME: ..... I/C NO: .....

REMAINDER OF PREVIOUS YEAR LEAVES : ( ) _____DAYS

NOOF LEAVES ENTITTLED THIS YEAR : ( ) _____DAYS

`HAZARD' LEAVES FOR THIS YEAR : ( ) _____DAYS

TOTAL NO. OF LEAVES : _____DAYS

TYPES OF LEAVES	YEAR	DURATION		NO. OF DAYS			OTHERS
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

RECORD OF LEAVES – YEAR III (PHASE II) _____

NAME: ..... I/C NO: .....

REMAINDER OF PREVIOUS YEAR LEAVES : ( ) _____DAYS

NOOF LEAVES ENTITTLED THIS YEAR : ( ) _____DAYS

`HAZARD' LEAVES FOR THIS YEAR : ( ) _____DAYS

TOTAL NO. OF LEAVES : _____DAYS

TYPES OF LEAVES	YEAR	DURATION		NO. OF DAYS			OTHERS
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

TYPES OF LEAVES	YEAR	DURATION		NO. OF DAYS			OTHERS
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

TOTAL NO. OF `HAZARD' LEAVES FOR _____**DAYS**

TOTAL NO. OF UNRECORDED LEAVES _____**DAYS**

TOTAL NO. OF ANNUAL LEAVES THIS YEAR _____**DAYS**

REMAINDER OF ANNUAL LEAVES _____**DAYS**

TYPES OF LEAVES	YEAR	DURATION		NO. OF DAYS			OTHERS
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

TOTAL NO. OF `HAZARD' LEAVES FOR _____**DAYS**

TOTAL NO. OF UNRECORDED LEAVES _____**DAYS**

TOTAL NO. OF ANNUAL LEAVES THIS YEAR _____**DAYS**

REMAINDER OF ANNUAL LEAVES _____**DAYS**

RECORD OF LEAVES – YEAR IV (PHASE III) _____

NAME: ..... I/C NO: .....

REMAINDER OF PREVIOUS YEAR LEAVES : ( ) _____DAYS

NOOF LEAVES ENTITTLED THIS YEAR : ( ) _____DAYS

`HAZARD' LEAVES FOR THIS YEAR : ( ) _____DAYS

TOTAL NO. OF LEAVES : _____DAYS

TYPES OF LEAVES	YEAR	DURATION		NO. OF DAYS			OTHERS
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

RECORD OF LEAVES – YEAR IV (PHASE III) _____

NAME: ..... I/C NO: .....

REMAINDER OF PREVIOUS YEAR LEAVES : ( ) _____DAYS

NOOF LEAVES ENTITTLED THIS YEAR : ( ) _____DAYS

`HAZARD' LEAVES FOR THIS YEAR : ( ) _____DAYS

TOTAL NO. OF LEAVES : _____DAYS

TYPES OF LEAVES	YEAR	DURATION		NO. OF DAYS			OTHERS
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

TYPES OF LEAVES	YEAR	DURATION		NO. OF DAYS			OTHERS
		FROM	TO	FULL SALARY	REMAINDER OF LEAVES ANNUAL	REMAINDER OF HAZARD LEAVES	

TOTAL NO. OF `HAZARD' LEAVES FOR _____**DAYS**

TOTAL NO. OF UNRECORDED LEAVES _____**DAYS**

TOTAL NO. OF ANNUAL LEAVES THIS YEAR _____**DAYS**

REMAINDER OF ANNUAL LEAVES _____**DAYS**

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IMPORTANT NOTES.

Year 1 –

- 2 case protocol by 1st Mon of February or Oct.
- Supervisor report 1 month before exam – 1st April and 1st Oct.

Year 2-

- 4 case protocol by 1st Mon of February or Oct.
- Supervisor report – 1st April and 1st Oct.
- Research proposal – ethics…
- Complete sub-specialty posting.

Year 3 –

- 4 case protocol by 1st Mon of February or Oct.
- Supervisor report – 1st April and 1st Oct.
- Research proposal – …
- Complete sub-specialty posting.

Year 4 –

- Dissertation by 1st Mon of February or Oct.
- Supervisor report – 1st April and 1st Oct.
- Complete sub-specialty posting.

(ALL case protocols and research works should be submitted via soft copy to the respective University for anti-plagiarism process when the "turn-it-in" or equivalent software is available. Please refer and verify this process to the Head of Department/MMed or MPM Coordinator in your respective University before submission).

(This log book MUST be presented to the University authority in order for the University to proceed for payments to the Honorary Lecturers/Visiting Lecturers as an evidence that teaching has been conducted between both party)

……..... (SIGNED)

(NAME OF CANDIDATE: _____ **)**

All candidate MUST register with their respective University's postgraduate office prior to Part I, Part II and Part III examination.

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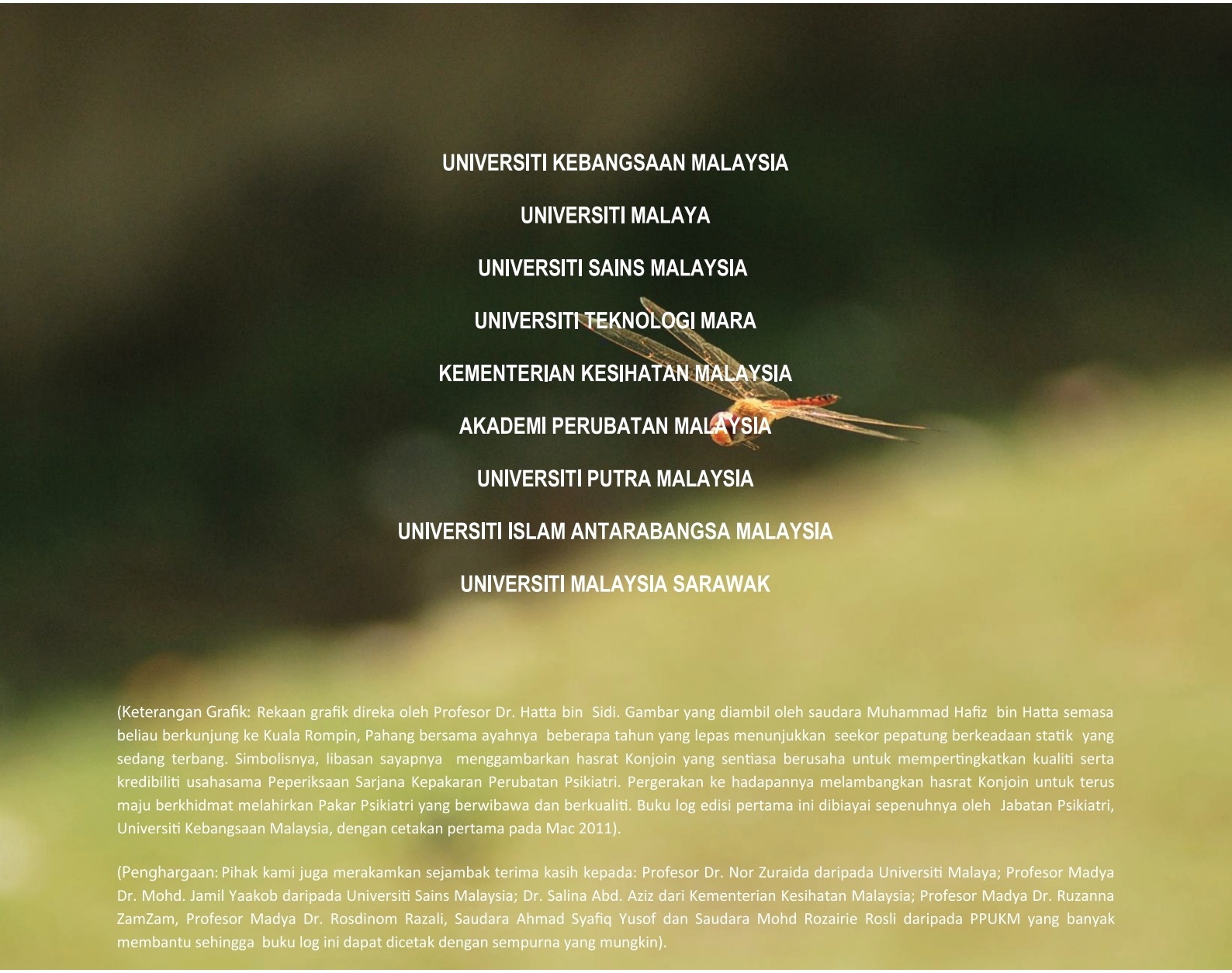
BUKU PENGGILIRAN POSTING

[RM20.00 SENASKAH]

Buku ini hendaklah disimpan dengan baik oleh para pelajar sarjana untuk tujuan rujukan dan semakan.
Bayaran sebanyak RM50.00 akan dikenakan untuk sebarang kerosakan atau kehilangannya.
This booklet should be kept for future reference. Fees of RM50.00 will be imposed for any replacement or loss.



UNIVERSITI KEBANGSAAN MALAYSIA

UNIVERSITI MALAYA

UNIVERSITI SAINS MALAYSIA

UNIVERSITI TEKNOLOGI MARA

KEMENTERIAN KESIHATAN MALAYSIA

AKADEMI PERUBATAN MALAYSIA

UNIVERSITI PUTRA MALAYSIA

UNIVERSITI ISLAM ANTARABANGSA MALAYSIA

UNIVERSITI MALAYSIA SARAWAK

(Keterangan Grafik: Rekaan grafik direka oleh Profesor Dr. Hatta bin Sidi. Gambar yang diambil oleh saudara Muhammad Hafiz bin Hatta semasa beliau berkunjung ke Kuala Rompin, Pahang bersama ayahnya beberapa tahun yang lepas menunjukkan seekor pepatung berkeadaan statik yang sedang terbang. Simbolisnya, libasan sayapnya menggambarkan hasrat Konjoin yang sentiasa berusaha untuk mempertingkatkan kualiti serta kredibiliti usahasama Peperiksaan Sarjana Kepakaran Perubatan Psikiatri. Pergerakan ke hadapannya melambangkan hasrat Konjoin untuk terus maju berkhidmat melahirkan Pakar Psikiatri yang berwibawa dan berkualiti. Buku log edisi pertama ini dibiayai sepenuhnya oleh Jabatan Psikiatri, Universiti Kebangsaan Malaysia, dengan cetakan pertama pada Mac 2011).

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