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| **KEMENTERIAN KESIHATAN MALAYSIA**  **INSTITUT PENYELIDIKAN SISTEM KESIHATAN** | **LAMPIRAN A1**  **BORANG PERSETUJUAN PENCALONAN PROJEK *QUALITY ASSURANCE* KONVENSYEN QA KEBANGSAAN KALI KE-12 2024 (*QUALITY LEAP LOUNGE* (QLL))** |

*\* Borang pencalonan projek ini perlu dimuat naik dalam laman sesawang* [*http://qaconvention.nih.gov.my*](http://qaconvention.nih.gov.my) *sebelum tarikh tutup bagi setiap kategori*

Kepada:

**Jawatankuasa Saintifik Konvensyen QA Kebangsaan 2024,**

**Institut Penyelidikan Sistem Kesihatan**

1. Pencalonan mewakili (sila tandakan X bagi yang berkenaan):

Negeri

Program

Institusi

Universiti

Sektor kesihatan swasta

1. Tajuk Projek:

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1. Biodata Pembentang (*Presenter*) atau penulis utama:

Nama : ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Jawatan dan Gred : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tempat Bertugas : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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No Tel Bimbit : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Sokongan Ketua Jabatan (tempat bekerja)

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(Nama dan cop)

Tarikh: