

DEPARTMENT OF BIOCHEMISTRY

INTERNSHIP ATTACHMENT

| 1. Personal Particulars | | | |
|--|--|----------------|----|
| Full Name as in Passport/Identity Card (<u>underline</u> Family Name) | | | |
| Home/Postal Address: | | | |
| Current Institute: | | Allowance: | \$ |
| Hand phone No.: | | Email Address: | |
| Nationality: | | Home no.: | |
| NRIC/FIN: | | Gender: | |

| 2. Next-of-Kin Particulars | | | | |
|----------------------------|--------------|-------------|---------|-------------|
| Name | Relationship | Nationality | Address | Contact No. |
| | | | | |
| | | | | |

| 3. Attachment Details | | | |
|---|--|-------------------------|--|
| Name of Principal Investigator: | | | |
| Location of Lab: | | | |
| Start Date of Attachment: | | End Date of Attachment: | |
| Brief Description of Attachment and Project to be done: | | | |
| | | | |
| | | | |
| Name of Research Staff/Post Doc that will be assigned to mentor the volunteer : | | | |
| | | | |

| 4. Terms & Conditions | |
|---|---------------|
| I have read the terms and conditions in Annex 1 and agree to abide by the rules stated. | |
| | |
| _____ Signature of Volunteer | _____ Date |

| 5. Confirmation by Principal Investigator | 6. Confirmation by Head of Department |
|--|---------------------------------------|
| I confirm that I have personally explained the Department and OSHE safety rules to the Volunteer and will ensure she/he is supervised at all times by another research staff while in the lab. | Support / Not Support |
| | |
| _____ Signature of PI / Date | _____ Signature of HOD / Date |