

IIUM Medical Specialist Centre Sdn Bhd
Kulliyah of Medicine,
International Islamic University Malaysia
Bandar Indera Mahkota,
25200, Kuantan
Pahang Darul Makmur
Tel : 09 572 9900, Fax : 09 572 9620

السلام عليكم ورحمة الله وبركاته

ACCEPTANCE FORM

With reference to your letter dated 1ST NOVEMBER 2019 I agree/ do not agree
to accept the post of PHYSIOTHERAPIST

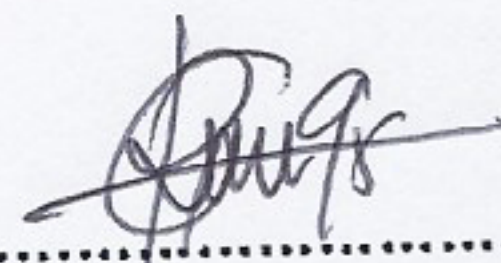
I have read, fully understand and agree to the Terms & Conditions of Employment as attached.

I shall commence my duty on 2 DECEMBER 2019

Thank you,

والسلام

Signature

: 

Date

: 6 NOVEMBER 2019

Name

: NUR ARINA NABILAH BINTI ALIAS

IC Number

: 951217 - 03 - 5866

Contact

: 019 - 9104892