AF 01

IIUM Medical Specialist Centre Sdn Bhd
Kulliyyah 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 : 013-9104892