Biodata of the Consultant

Personal Particular

Full Name (as in IC) : _____

IC. No. : | | | | | | | - | | | - | | | | |

Address : _____

_____

_____

Telephone No. : _____ E-mail : _____

Handphone No. : _____

Fax No. : _____

Education Background

No.	Qualification	Institution/ University	Year Start	Year Completed

Professional Qualification (if any)

No.	Qualification	Institution/ Certifying Body	Year Awarded

Working Experience Background

No.	Company	Position	Main Responsibility	Year Start	Year Completed

Consulting Experience

No.	Company / Client	Consulting Area	Year	Duration (Days/Month)

** Please add-in additional columns if the columns provided are insufficient.*