

UNIVERSITY OF TECHNOLOGY SARAWAK

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INTERNSHIP STUDENT DECLARATION FORM

Internship Student Information					
1.	Title (insert an 'x' or specify)	Mr.	Mrs.	Ms.	Other
2.	Full Name				
3.	IC No				
4.	Address				
5.	Telephone Number				
6.	Email Address				
7.	University/College/Polythenic's Name				
8.	Start Date & Date End				
I do hereby declare that:					
a)	I will respect and abide by all the rules and regulations of your organization, being rules and regulations that apply to your other employees in matters of conduct, dicipline and loyalty.				
b)	I will not disclose to others, any information pertaining to your organization or its associates, being information that come to my knowledge, either directly or indirectly, in the course of undergoing such training, subject to clause (c).				
c)	The above restrictions shall not apply to any bonafide disclosure made to the University as part of or incidental to the University's academic programme and requirements.				
d)	I will not make, and no others will make on my behalf, any claim against your organization for any injury occasioned to me in the course of the training, being injury sustained by me, substaintially or wholly, through my own negligence.				
e)	I will be personally liabe for any breach of the above clauses.				
Signature:			Date:		