

Form No.	GAM/Q-018	
Revision	1	

PERSONNEL RECORD		
Name	:	
E-mail	:	
Date of Birth	:	Attack of ata base
Nationality	:	Attach photo here
Contact No.	:	
Address	:	
	-	
	-	
GAM EMPLOYEE RECORD		
Staff No.	•	
Date Joined	:	
Department	:	
Position	:	
GAM APPROVAL RECORD		
DCAM AMEL No.	:	
Company approval No.	:	
Date first issued	:	
Expiry date	:	Refer to Company Approval Certificate GAM/Q-013



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COMPULS	COMPULSORY TRAINING					
Date	Training Course	Provider	Result	Due date		
	MOE/COMPANY PROCEDURE					
	HUMAN FACTOR					
	SMS					

<sup>\*</sup>Please refer to page 4 for latest record of training

TYPE TRAIN	YPE TRAINING					
Date	Training Course	Provider	Result	Due date		

OTHERS TI	OTHERS TRAINING					
Date	Training Course	Provider	Result	Due date		



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<b>PREVIOUS</b>	PREVIOUS EXPERIENCE			
Year	Employer	Function / Position		



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Date	Training Course	Provider		[
<b>—</b>		Provider	Result	Due date
	MOE/COMPANY PROCEDURE			
	HUMAN FACTOR			
	SMS			