



BORANG KEAHLIAN  
PERPUSTAKAAN PERUBATAN HOSPITAL RIPAS  
*MEMBERSHIP FORM FOR  
MEDICAL LIBRARY RIPAS HOSPITAL*

Nama / Name : \_\_\_\_\_

Brunei Medical Board No. (BMB) : \_\_\_\_\_  
Brunei Nursing Board No. (BNB) : \_\_\_\_\_

Pekerjaan / Occupation : \_\_\_\_\_

Alamat / Address : \_\_\_\_\_

1) Sementara / Temporary : \_\_\_\_\_

2) Tetap / Permanent : \_\_\_\_\_

No. K/P / I/C No. : \_\_\_\_\_ Warna / Colour : \_\_\_\_\_

Kontek / Contacts :

No.Tel / Tel No.:

Pejabat /Office : \_\_\_\_\_ Rumah / Home : \_\_\_\_\_ Bimbit / Mobile : \_\_\_\_\_

Email : \_\_\_\_\_

Tarikh Mula Berkhidmat / Date of Service : \_\_\_\_\_

Lama Berkhidmat / Length of Service : \_\_\_\_\_

Jenis Perkhidmatan : Tetap / Kontrek / Sebulan Kesebulan / Gaji Hari / Lokum  
*Type of Service : Permanent / Contract / Month To Month / Daily Paid / Locum*

Jika Berkursus / Kontrek / Bila Masa Berakhir : \_\_\_\_\_  
*If on course / Contract / Expired Date : \_\_\_\_\_*

[Sila sertakan salinan Pas Kerja / Please attached copy of Employment Pass]

Bahagian / Tempat – Section / Place : \_\_\_\_\_

Nama Ketua Bahagian / Name Head of Section : \_\_\_\_\_

Pengesahan Ketua Bahagian / Confirmation by the Head of Section :

\_\_\_\_\_  
[Tandatangan / Signature]

\_\_\_\_\_  
[ Cop Bahagian / Stamp of Section ]

No. Tel. Pejabat / Office Tel. No. : \_\_\_\_\_

Dengan ini saya bertanggungjawab terhadap buku (termasuk monograf, jurnal, audiovisual dan bahan-bahan perpustakaan lain) yang saya pinjam di Perpustakaan Perubatan, Hospital RIPAS dan membenarkan Gaji saya dipotong melalui Bahagian Gaji Kementerian Kesihatan sebagaimana Peraturan Perpustakaan No.E4D, F4C,G4C dan H4C. Setiausaha Tetap Kementerian Kesihatan mengarahkan supaya Gaji terus dipotong setelah peringatan terakhir diberikan.

*I hereby hold responsibility for the books (includes monographs, journals, audiovisual and other forms of library materials) that I have borrowed from the Medical Library, RIPAS Hospital and will also allow my salary to be deduct directly by the Wages Section at the Ministry of Health as mentioned in the Library Rules No.E4D, F4C and H4C. The Permanent Secretary of the Ministry of Health has instructed to carry on the direct deduction of the salary after the final reminder has been issued.*

\_\_\_\_\_  
Tandatangan Pemohon / *Signature of Applicant*

\_\_\_\_\_  
Tarikh / *Date*

\_\_\_\_\_  
UNTUK KEGUNAAN PEJABAT / *FOR OFFICIAL USE ONLY*

Tarikh Diterima : \_\_\_\_\_

Diterima Oleh : \_\_\_\_\_

Tandatangan Penerima : \_\_\_\_\_

No. Ahli : \_\_\_\_\_ Sah Sehingga : \_\_\_\_\_

Kod : \_\_\_\_\_ No. Resit : \_\_\_\_\_

Tindakan : \_\_\_\_\_

Catatan : \_\_\_\_\_