**MAKLUMAT FOCAL POINT e-MYInd**

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**KEMENTERIAN/JABATAN/AGENSI:**

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1. **PENTADBIR AGENSI**

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| **BIL** | **NAMA** | **NO. K/P** | **JAWATAN** | **NAMA BAHAGIAN** | **NO. TEL** | | **EMEL** | **ALAMAT** |
| **PERIBADI** | **PEJABAT** |
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1. **PENGGUNA AGENSI**

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| **BIL** | **NAMA** | **NO. K/P** | **JAWATAN** | **NAMA BAHAGIAN** | **NO. TEL** | | **EMEL** | **ALAMAT** |
| **PERIBADI** | **PEJABAT** |
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1. **PEGAWAI PELULUS**

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| **BIL** | **NAMA** | **NO. K/P** | **JAWATAN** | **NAMA BAHAGIAN** | **NO. TEL** | | **EMEL** | **ALAMAT** |
| **PERIBADI** | **PEJABAT** |
|  |  |  |  |  |  |  |  |  |

**Diperakukan Oleh:**

Nama :

Cop Ketua Jabatan/Agensi :

Tarikh :

**Nota:** YBhg. Datuk/ Dato'/ Prof./ Dr./ Tuan/ Puan adalah dipohon untuk mengemukakan maklumat yang diperlukan kepada pihak IYRES melalui email ke [emyind@iyres.gov.my](mailto:emyind@iyres.gov.my).