**BORANG APLIKASI CALON PESERTA**

***SHORT-TERM TRAINING* BAGI DOSEN**

**BIDANG KESEHATAN**

**Pasfoto3x4 (berwarna terbaru)**

1. **DATA PRIBADI**

|  |  |  |
| --- | --- | --- |
| **DATA DIRI** | | |
| 1. Nama Lengkap |  | |
| 1. Jenis Kelamin | 🞏 Laki-laki | 🞏 Perempuan |
| 1. Tempat, Tgl Lahir |  | |
| 1. Alamat Kantor |  | |
| 1. No. Tlp/Fax (Kantor) |  | |
| 1. Alamat Rumah |  | |
| 1. No. Tlp (Rumah) |  | |
| 1. Nomor HP |  | |
| 1. Alamat E-mail |  | |
| 1. Status | 🞏Sendiri | 🞏Berkeluarga |
| 1. Pekerjaan Istri/Suami |  | |
| **INSTITUSI** | | |
| 1. Universitas |  | |
| 1. Fakultas |  | |
| 1. Jurusan/Prodi |  | |
| **DATA KEPEGAWAIAN** | | |
| 1. NIP/NIK |  | |
| 1. NIDN |  | |
| 1. KARPEG (Bagi yang memiliki) |  | |
| 1. Jab. Fungsional / Gol |  | |

1. **PENDIDIKAN DAN PELATIHAN**

Pendidikanataupelatihan yang telahdiikuti

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **NamaInstitusi/Negara** | **Tahun** | | **Jenjang/ Sertifikat** | **BidangStudi** |
| **Mulai** | **Akhir** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Pengalaman*Penelitian* yang pernahdilakukan dalam 5 tahun terakhir

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Tahun** | **Judul** | **Sumber Dana** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

Pengalaman*Publikasi* yang pernahdilakukan dalam 5 tahun terakhir

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Tahun** | **Judul** | **Buku/Jurnal/Prosiding** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

1. **Bidang Pelatihan (lingkari salah satu):**
   1. Medical Microbiology and Immunology (Taipei Medical University)
   2. Nutrition laboratory internship (Taipei Medical University)
   3. Animal Models of Dementia (Taipei Medical University)
   4. Translational Medicine in Cardiac Eletrophysiology(Taipei Medical University)
   5. Transgenic and Knockout mouse technology and disease models (National Taiwan Universiy Hospital)
2. **Nilai tambah**

|  |  |  |
| --- | --- | --- |
| **NilaiTambah** | | |
| 1. | Memiliki Grant | * Ya * Tidak |
| 2. | Memiliki MOU | * Ya * Tidak |

1. **DeskripsiSingkattentangmotivasidan*action plan* Short Term Training BagiDosenBidangKesehatan**
2. Motivasi

|  |
| --- |
|  |

1. *Action Plan*

|  |
| --- |
|  |

|  |  |
| --- | --- |
| MengetahuiDekan, | Tanggal : ......................................... |
| ..........................................................  NIP/NIK. .......................................... | Tandatangan  .............................................................  NIP/NIK. .......................................... |