**NOTA MINTA**

**PROGRAM KESIHATAN PERGIGIAN**

**KEMENTERIAN KESIHATAN MALAYSIA**

 Tarikh: RUJ: PKP/NM/**CWGN/MPM/ADM/KEW………**

 Pengarah Kanan (Kesihatan Pergigian)

1. Adalah dengan segala hormatnya, Bahagian / Cawangan / Unit \_\_\_\_\_\_\_\_\_\_\_\_\_

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 ingin membuat perolehan dengan ketetapan seperti berikut: -

1. Kaedah Perolehan : □ Pembelian Terus □ Sebutharga □ Tender □ Rundingan Terus
2. Jenis Perolehan : □ Bekalan □ Perkhidmatan
3. Anggaran Kos :
4. Tujuan Perolehan :

1. Justifikasi :

1. Ulasan pemohon :
2. Ulasan Pengarah Bahagian:

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2. Bersama-sama ini dikemukakan permohonan terperinci seperti berikut: -

(i) Sekiranya bekalan. Sila isikan Jadual di bawah: -

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **BIL** | **JENIS ITEM** | **KUANTITI** | **KRITERIA** | **SPESIFIKASI** | **ALAMAT PENGHANTARAN** | **TEMPOH SERAHAN**  |
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| **JUMLAH** |  |  |  |  |  |

(ii) Sekiranya perkhidmatan. Sila isikan Jadual di bawah: -

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BIL** | **JENIS PERKHIDMATAN** | **KUANTITI** | **ALAMAT PENGHANTARAN** | **TEMPOH PERKHIDMATAN** |
| 1 | Percetakan  |  |  |  |
| 2 | Pengangkutan Barang  |  |  |  |
| 3 | Pakej Kursus/ Mesyuarat  |  |  |  |
| 4 | Sewaan |  |  |  |
| 5 | Penyelenggaraan  |  |  |   |
| 6 | Lain-Lain  |  |  |  |

3. Semoga permohonan ini dapat dipertimbangkan.

Sekian, terima kasih.

Nama Ketua Cawangan :

Jawatan :

Cawangan :

Tel :

**ULASAN & KELULUSAN PK(KP)**

**DILULUSKAN / TIDAK DILULUSKAN / KAJI SEMULA**

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**DR. NOORMI BINTI OTHMAN**

PENGARAH KANAN (KESIHATAN PERGIGIAN)

KEMENTERIAN KESIHATAN MALAYSIA

Tarikh: