



KEMENTERIAN KESIHATAN MALAYSIA  
MAJLIS PROFESION KESIHATAN BERSEKUTU MALAYSIA

BORANG PENGESAHAN AMALAN  
PRACTICE VERIFICATION FORM

Borang ini perlu dilengkapkan bagi maksud pengesahan pengamalan sebagai pengamal kesihatan bersekutu di Malaysia untuk pendaftaran pengamal di bawah Akta Profesion Kesihatan Bersekutu, 2016 (Akta 774). This form must be completed for the purpose of verifying practice as an allied health practitioner in Malaysia for practitioner registration under the Allied Health Professions Act, 2016 (Act 774).

Sila tandakan (/) diruang yang berkenaan/Please mark (/) in the appropriate space: -

Bermajikan/Employed <input checked="" type="checkbox"/>	Bekerja sendiri / Self -Employed <input type="checkbox"/>
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A) MAKLUMAT PENGAMAL / PRACTITIONER INFORMATION

Nama (seperti dalam kad pengenalan): Name (as in identification card):	NUR QURAISSYA BINTI SHARIF.
No. Kad Pengenalan: Identification Card No.:	940527-14-5004
Gelaran (Jika ada, contoh: Dato', Datin, Prof, Dr dll): Title (If any, example: Dato', Datin, Prof, Dr etc):	-
Jawatan/Profesion: Position/ Profession:	PHYSIOTHERAPIST .
No. Telefon: Telephone No.:	014-2619683 .
Alamat Emel: Email Address:	nur-quraisyaa94@yahoo.com .
Tarikh Mula Bekerja: Date of Employment:	03/12/2025 .
Nama Organisasi: Organization name:	ISWANAH FISIOTERAPI .
Alamat Organisasi: Organization Address:	8-9 PLAZA MAKMUR, JALAN BATU CAVES, TAMAN BATU CAVES, 68100 BATU CAVES, SELANGOR.

3) I. KLASIFIKASI TUGAS/DUTIES CLASSIFICATION

MAHPC/UP/BPA-01

Klinikal/Clinical	<input checked="" type="checkbox"/>	Pengurusan dan Pentadbiran/ Management and administration	<input type="checkbox"/>
Kesihatan Awam/Public Health	<input type="checkbox"/>	Pengajaran dan Pembelajaran/ Teaching and Learning	<input type="checkbox"/>
Makmal Perubatan/Medical Laboratory	<input type="checkbox"/>	Penyelidikan/Research	<input type="checkbox"/>
Lain-lain (Sila Nyatakan)/ Others (Please specify)			
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Bagi pengamal Ahli Sains Makmal Perubatan, sila tandakan disiplin amalan dalam kotak di bawah: /For Medical Laboratory Scientist practitioners, please indicate the discipline of practise in the box below:

Biokimia/ Biochemistry	<input type="checkbox"/>	Genetik Perubatan/ Medical Genetic	<input type="checkbox"/>
Bioperubatan/ Biomedical	<input type="checkbox"/>	Mikrobiologi/ Microbiology	<input type="checkbox"/>
Embriologi/ Embryology	<input type="checkbox"/>	Forensik/ Forensic	<input type="checkbox"/>
Lain-lain (Sila Nyatakan)/ Others (Please specify)			
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II. DESKRIPSI TUGAS (Sila Senaraikan)/ Job Description (Please list down)

- RESPONSIBLE FOR ASSESSING, TREATING, AND REHABILITATING PATIENTS WITH PHYSICAL INJURIES /CONDITIONS.
- DEVELOP AND IMPLEMENT INDIVIDUALIZED PHYSIOTHERAPY TREATMENT PLANS.
- MAINTAIN CLEANLINESS, SAFETY AND PROPER USE OF PHYSIOTHERAPY EQUIPMENT.

\*Sila sertakan lampiran jika perlu/ Please attach appendix if necessary

**C) MAKLUMAT PENGESAH/ VERIFIER INFORMATION \***

MAHPC/UP/BPA-01

<b>Nama:</b> <i>Name:</i>	KRISHNAN A/L KANNAN
<b>No. Kad Pengenalan:</b> <i>Identification Card No.:</i>	690926 - 05 - 5031
<b>Jawatan:</b> <i>Position:</i>	CHIEF EXECUTIVE OFFICER
<b>No. Telefon:</b> <i>Telephone No.:</i>	016 - 2207656
<b>Alamat Emel:</b> <i>Email Address:</i>	Krishnan@Iswanah.com

**\*Pengesah/ Verifier:**

- i. **Majikan/ Employer**
- ii. **Bagi yang bekerja sendiri, pengesah boleh terdiri daripada / For self-employed individuals, verifier can be from:**
  - a) **Pengamal Perubatan Berdaftar; atau/ Registered Medical Practitioner; or**
  - b) **Pengamal Pergigian Berdaftar; atau/ Registered Dental Practitioner; or**
  - c) **Pengamal Kesihatan Bersekutu Yang Berkelayakan/berdaftar; atau/ Qualified/Registered Allied Health Practitioner; or**
  - d) **Persatuan Profesional Yang Berdaftar Dengan Jabatan Pendaftaran Pertubuhan Malaysia/ Professional Associations Registered with the Register Society of Malaysia.**

**Nota: Majlis Profesion Kesihatan Bersekutu Malaysia boleh menghubungi tuan/puan untuk menentusahkan maklumat berhubung dengan perakuan ini.**

*Note: The Malaysian Allied Health Practitioners Council may contact you to authenticate the information in relation to this verification.*

**D) PENGESAHAN/ CONFIRMATION**

**Saya, sebagai pengesah, dengan ini mengaku bahawa, sepanjang pengetahuan saya, maklumat yang diberikan oleh pengamal di atas adalah benar. / I, as a verifier, hereby attest that, to the best of my knowledge, the information provided by the practitioner above is true.**

<b>Tandatangan:</b> <i>Signature:</i>	
<b>Cop Rasmi</b> <b>Jawatan/Organisasi:</b> <i>Official Stamp of</i> <i>Position/Organization:</i>	<b>ISWANAH RESOURCES SDN BHD</b> 200901008609 (851600-V) 6-2, PLAZA MAKMUR, JALAN BATU CAVES, TAMAN BATU CAVES, 68100 BATU CAVES, SELANGOR TEL : 03-6188 2955
<b>Tarikh:</b> <i>Date:</i>	30/1/26.