

BORANG PENDAFTARAN DEFLIS
DEFLIS REGISTRATION FORM



DEFENCE INFORMATION TECHNOLOGY UNIT
(DITU)
KEMENTAH
Bolkiah Garison BB3510
2386141/2386487
Fax: 2383893
Helpdesk@mindef.gov.bn

Sila tandakan
Please tick

Permohonan <i>Application</i>	<input type="checkbox"/>
Perubahan <i>Amendment</i>	<input type="checkbox"/>
Pemotongan <i>Deletion</i>	<input type="checkbox"/>
Penukaran <i>Transfer</i>	<input type="checkbox"/>

Sila isi & lengkapkan borang dengan menggunakan HURUF BESAR.

Please use BLOCK LETTERS and complete the form

No. Kad Pengenalan: <i>Identity Card No:</i>		No. Perkhidmatan: <i>Service No:</i>		Pangkat: <i>Rank:</i>
Nama: <i>Name:</i>				
Alamat Pejabat: <i>Office Address:</i>			No Telefon Pejabat: <i>Office Telephone No:</i>	
Jawatan Sekarang: <i>Current Appointment:</i>	Unit: <i>Unit:</i>	Bermula (Tarikh): <i>Effective From (Date):</i>	Sehingga (Tarikh): <i>Effective To (Date):</i>	
Jawatan Lama: <i>Previous Appointment:</i>	Unit: <i>Unit:</i>	Bermula (Tarikh): <i>Effective from (Date):</i>	Sehingga (Tarikh): <i>Effective To (Date):</i>	
Jawatan Sementara: <i>Temporary Appointment:</i>	Unit: <i>Unit:</i>	Bermula (Tarikh): <i>Effective Date (Date):</i>	Sehingga (Tarikh): <i>Effective To (Date):</i>	

KETERANGAN KERJA
WORK DETAILS

Lokasi Kerja: <i>Work Location:</i>	No Telefon Pejabat: <i>Office Telephone No:</i>
ID Pengguna DEFLIS (Rangkaian): <i>DEFLIS User ID (Network):</i>	ID Pengguna DEFLIS (MIMS): <i>DEFLIS User ID (MIMS):</i>
Jawatan: <i>Appointment:</i>	Keterangan Tugas: <i>Job Description:</i>
Catatan: <i>Remarks:</i>	

Saya dengan ini mengesahkan bahawa keterangan di atas bagi Permohonan/Perubahan/Pemotongan/Penukaran Pendaftaran DEFLIS di-atas ini adalah betul.

I hereby agree that the above details of Application/Amendment/Deletion/Transfer of DEFLIS registration is true.

Tandatangan/Tarikh: <i>Signature/Date:</i>		
UNTUK DI-ISI OLEH KETUA JABATAN TO BE COMPLETED BY OFFICER IN CHARGE		
Pangkat>Nama: <i>Rank/Name:</i>	No. Kad Pengenalan: <i>Identity Card No:</i>	
Unit/Jabatanarah: <i>Unit/Directorate:</i>	No Tel: <i>Tel No:</i>	No. Perkhidmatan: <i>Service No:</i>
Jawatan: <i>Appointment:</i>	Tandatangan/Tarikh: <i>Signature/Date:</i>	

UNTUK KEGUNAAN PEJABAT KOMPUTER SAHAJA
FOR OFFICE USE ONLY

WIN NT System Administrator		MIMS System Administrator	
Tarikh Diterima: <i>Date Received:</i>	Tarikh Diterima: <i>Date Received:</i>		
Nama Pengguna: <i>User Name:</i>	Nama Pengguna: <i>User Name:</i>		
Kumpulan Keahlian: <i>Group Membership:</i>	Kumpulan Keahlian: <i>Group Membership:</i>		
ID Pengguna: <i>User-ID:</i>	ID Pengguna: <i>User-ID:</i>		
Komen: <i>Comment:</i>	Komen: <i>Comment:</i>		
Tandatangan/Tarikh: <i>Signature/Date:</i>	Tandatangan/Tarikh: <i>Signature/Date:</i>		