

**“KNOWLEDGE TRANSFER PROGRAMME – KTP”**

JABATAN PENGAJIAN TINGGI, KEMENTERIAN PENDIDIKAN MALAYSIA

**LAPORAN MAKLUM BALAS INDUSTRI/KOMUNITI**



|  |  |
| --- | --- |
| **A. LAPORAN KEMAJUAN BERKALA/***Periodic Progress Report* | |
| **12bulan**/  6 months  **18 bulan**/  9 months  **6 bulan**/ 3 months**24 bulan/** 24 months  **12 bulan**/  12 months    **24 bulan**/ 24 months | |
| \**Sila tanda diruang yang berkenaan* | |
| **MAKLUMAT PROJEK/*Details of Project*** | |
| **KOD RUJUKAN GERAN:**  *Reference Code of Grant* |  |
| **TAJUK PROJEK:**  *Title of Project:* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **B. STATUS PROJEK** / *Status Of Project* | | | | | |
| **ADAKAH PROGRES PROJEK INI TELAH MEMENUHI KEPERLUAN INDUSTRI/KOMUNITI ANDA?**  *Does the progress of this project meet the needs of your industry/community?* | 1. YA/ *Yes* 2. TIDAK/ *No* | | | | |
| **JIKA ANDA MENJAWAB YA, SILA TANDAKAN (√) ANGGARAN TAHAP PENERIMAAN FAEDAH.**  *If you answered* ***YES*** *Please indicate* (√) *the estimate level of interest receipts.* | **Peratus**/ *Percentage* | | | | |
| 1-20 | 21-40 | 41-60 | 61-80 | 81-100 |
|  |  |  |  |  |
| **JIKA JAWAPAN TIDAK, SILA TANDAKAN (√) TAHAP FAEDAH YANG MASIH DIHARAPKAN.**  *If you answered* ***NO****, please indicate* (√) *the level of benefit still expected.* | **Peratus/** *Percentage* | | | | |
| 1-20 | 21-40 | 41-60 | 61-80 | 81-100 |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **SENARAIKAN BENTUK PENERIMAAN MANFAAT**  *(cth. Produk, teknologi, khidmat nasihat, maklumat dsbg.)*  *List type of benefit received*  *(e.g product, technology advisory services, information etc.)* | 1.  2.  3.  4.  5.  *\*Sila guna lampiran tambahan jika perlu/ Please use additional sheet if necessary* | |
| **SENARAIKAN KUMPULAN SASARAN PENERIMA DAN JENIS MANFAAT**  *List name of beneficiary and type of benefit received* | **Kumpulan sasaran** /*Name of beneficiary* | **Jenis faedah**/ *Type of beneficiary* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *\*Sila guna lampiran tambahan jika perlu/ Please use additional sheet if necessary* | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***C.* IMPAK PROJEK** / *Impact of the Project* | | | | |
| *Yang menjawab YA, sila tandakan (√) pada soalan-soalan yang berkaitan dengan Projek anda terima.*  *The answer is YES; please tick (√) on the questions related to the programme you receive.* | | | | |
| ***PENINGKATAN FAEDAH KEWANGAN KEPADA ORGANISASI***  *Increased monetary Benefits to the Organization* | *Kuantiti / Quantity* | | | *Impak / Impact* |
| * *JUALAN/Sales* |  | | |  |
| * *KEUNTUNGAN/PULANGAN*   *Profit/return* |  | | |  |
| * *PENJIMATAN KOS/*   *Cost savings* |  | | |  |
| *LAIN-LAIN, SILA NYATAKAN:*  *Others, please specify:* | *\*Sila guna lampiran tambahan jika perlu/ Please use additional sheet if necessary* | | | |
| **INDUSTRI** */ INDUSTRY* | | | | |
| ***PENINGKATAN FAEDAH BUKAN KEWANGAN KEPADA INDUSTRI***  *Increased non-monetary Benefits to the Organization* | *Kuantiti / Quantity* | | *Impak / Impact* | |
| * *INOVASI & KREATIVITI / Innovation & Creativity* |  |  | | |
| * *KECEKAPAN PROSES/ Efficiency of Process* |  |  | | |
| * *PENJIMATAN MASA/ Time savings.* |  |  | | |
| * *PENJIMATAN TENAGA/ Energy savings.* |  |  | | |
| * *KUALITI PERKHIDMATAN/ Service quality* |  |  | | |
| * *KUALITI PRODUK DAN PROSES/ Quality of product* |  |  | | |
| * *PRESTASI PROSES/ Process performance* |  |  | | |
| * *KESEDARAN PEKERJA/ Employee awareness* |  |  | | |
| * *PENGKHUSUSAN KERJA/ Job specialisation* |  |  | | |
| * *KERJA BERPASUKAN/ Teamwork* |  |  | | |
| * *HUBUNGAN DENGAN PELANGGAN/ Customer relationships* |  |  | | |
| * *KEPUASAN KERJA/ Job Satisfaction* |  |  | | |
| **KOMUNITI/** *Community* | | | | |
| ***PENINGKATAN FAEDAH BUKAN KEWANGAN KEPADA KOMUNITI***  *Increased Non-Monetary Benefits to the Organization* | *Kuantiti / Quantity* | *Impak / Impact* | | |
| * *ANDA/ You* |  |  | | |
| * *KELUARGA ANDA/ Your family* |  |  | | |
| * *MASYARAKAT ANDA/ Your community* |  |  | | |
| * *KUALITI KEHIDUPAN/ Quality of life* |  |  | | |
| * *Kerja-kerja Kemasyarakatan/ Community work* |  |  | | |
| * *KUALITI PERKHIDMATAN/ Service quality* |  |  | | |
| **PENDIDIKAN*/*** *Education* | | | | |
| ***PENINGKATAN FAEDAH BUKAN KEWANGAN KEPADA PENDIDIKAN***  *Increased non-monetary Benefits to the Organization* | *Kuantiti / Quantity* | *Impak / Impact* | | |
| * *TINGKAH LAKU*   */ Behaviour* |  |  | | |
| * *KEMAHIRAN INSANIAH*   */ Soft Skill* |  |  | | |
| * *PENCAPAIAN PEMBELAJARAN* |  |  | | |
| * *KEBOLEHUPAYAAN/Personal Ability* |  |  | | |
| * *PEMBELAJARAN BERTERUSAN/ Lifelong learning* |  |  | | |
| *LAIN-LAIN, SILA NYATAKAN:*  *Others, please specify:* | *\*Sila guna lampiran tambahan jika perlu/ Please use additional sheet if necessary* | | | |
| |  | | --- | | **D. AKUAN OLEH ORGANISASI /***Declaration by organisation* | | | | | |
| |  |  | | --- | --- | | |  | | --- | | ***TANDATANGAN WAKIL ORGANISASI :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TARIKH :***  *Representative of Organisation’ Signature :* ***(Tandatangan Elektronik)*** *Date:*  *(Electronic Signature)* | | | | | | |
| |  | | --- | | ***NAMA ORGANISASI:***  *Name of Organisation:* | |  | | | |
| ***NAMA PEGAWAI***  ***YANG BERTANGGUNGJAWAB:***  *Name of Responsible Officer* |  | | | |