



**BAHAGIAN KOMUNIKASI KORPORAT
UNIVERSITI PENDIDIKAN SULTAN IDRIS
TEL : 05-4506000/6661 FAKS : 05-4582776**

BORANG PENILAIAN PERKHIDMATAN KORPORAT

BAHAGIAN A (PERMOHONAN PERKHIDMATAN KORPORAT)

(Sila tandakan (/) bagi perkhidmatan yang diluluskan / disediakan oleh pihak BKK)

<input type="checkbox"/>	Khidmat nasihat protokol dan acara	<input type="checkbox"/>	Hebahan laman sesawang dan media sosial
<input type="checkbox"/>	Fotografi	<input type="checkbox"/>	Rakaman Video
<input type="checkbox"/>	Liputan Media	<input type="checkbox"/>	Penggunaan Papan Iklan
<input type="checkbox"/>	Lain-lain perkhidmatan (sila nyatakan)		

BAHAGIAN B (MAKLUMAT PEMOHON)

1. Nama : _____
2. Pusat Tanggungjawab : _____
3. Persatuan / Organisasi : _____

BAHAGIAN C (MAKLUMAT PROGRAM / PROJEK / AKTIVITI / PENCAPAIAN)

1. Tajuk : _
2. Tarikh dan Hari Program : _

BAHAGIAN D (SILA MASUKKAN NILAI MARKAH PADA KOTAK YANG BERKENAAN MENGIKUT SKALA BERIKUT)

1	2	3	4	5
Amat Tidak Baik	Kurang Baik	Sederhana	Baik	Amat Baik

<input type="checkbox"/>	Khidmat nasihat protokol dan acara	<input type="checkbox"/>	Hebahan laman sesawang dan media sosial
<input type="checkbox"/>	Fotografi	<input type="checkbox"/>	Rakaman Video
<input type="checkbox"/>	Liputan Media	<input type="checkbox"/>	Penggunaan Papan Iklan
<input type="checkbox"/>	Lain-lain perkhidmatan (sila nyatakan)		

Lain-lain komen _____

Lain-lain Cadangan _____

Terima kasih atas kerjasama anda. Sila emel kembali borang yang telah lengkap diisi kepada ccd@upsi.edu.my.



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CORPORATE SERVICES EVALUATION FORM

PART A (CORPORATE SERVICES APPLICATION)

(Please tick (/) for the approved/provided services by BKK department)

<input type="checkbox"/>	Protocol Advisory Services and Event	<input type="checkbox"/>	Website Announcement and Social Media
<input type="checkbox"/>	Photography	<input type="checkbox"/>	Video Recording
<input type="checkbox"/>	Media Coverage	<input type="checkbox"/>	Billboard Usage
<input type="checkbox"/>	Other services (please state)		

PART B (APPLICANT INFORMATION)

1. Name : _____
2. Centre of Responsibility : _____
3. Association / Organization : _____

PART C (INFORMATION OF THE PROGRAMME / PROJECT / ACTIVITY / ACHIEVEMENTS)

1. Title : _
2. The date and day of the programme : _

PART D (PLEASE INSERT THE SCORE IN THE BOX THAT ARE PROVIDED ACCORDING TO THE SCALE)

1	2	3	4	5
Very Bad	Bad	Average	Good	Very Good

<input type="checkbox"/>	Protocol Advisory Services and Event	<input type="checkbox"/>	Website Announcement and Social Media
<input type="checkbox"/>	Photography	<input type="checkbox"/>	Video Recording
<input type="checkbox"/>	Media Coverage	<input type="checkbox"/>	Billoard Usage
<input type="checkbox"/>	Other services (please state)		

Other comments _____

 Other recommendations _____

Thank you for your cooperation. Please return the completed form through email to ccd@upsi.edu.my.