**NOMINATION FOR NEW EXTERNAL CLINICAL SUPERVISOR**

1. **KULLIYYAH OF MEDICINE (Local)**
2. **LIST OF EXTERNAL CLINICAL SUPERVISOR FROM**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Name** | **Department/ University** | **Specialization/ Programme** |
| 1. |  | Department of xx  Hospital xx,  ~~25200 Kuantan, Pahang~~ | Master of xxx |
| 2. |  | Department of xx  Hospital xx,  ~~25200 Kuantan, Pahang~~ |
| 3. |  | Department of xx  Hospital xx,  ~~25200 Kuantan, Pahang~~ |