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| Form 1:  **PORTOFOLIO DOSEN**  **PROGRAM SERTIFIKASI KOMPETENSI UNIB**  **TAHUN 2024**  A. Data Pribadi   |  |  | | --- | --- | | Nama lengkap |  | | Jenis kelamin |  | | Tempat/tgl. lahir |  | | Alamat rumah |  | | No. HP |  | | e-mail |  | | NIDN |  | | NIP/NIK |  | | Jabfung/Gol |  | | Program Studi |  | | Fakultas |  | | Riwayat jabatan/tugas tambahan | *Jabatan .................. s/d ...............* | | *Jabatan .................. s/d ...............* | | *Jabatan .................. s/d ...............* |   B. Pendidikan dan Pelatihan  1. Pendidikan Formal   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No | Perguruan Tinggi | Program Studi | Jenjang | Tahun | | | Mulai | Selesai | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   2. Riwayat Sertifikasi Kompetensi yang diperoleh dari BNSP/Internasional/Nasional   |  |  |  |  |  | | --- | --- | --- | --- | --- | | No | Lembaga | Bidang/Jenis | Tahun Berlaku | | | Mulai | Berakhir | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   C. Mata kuliah yang diampu dan penelitian/judul publikasi yang relevan dengan sertifikasi kompetensi yang dipilih  1. Mata Kuliah   |  |  |  |  |  | | --- | --- | --- | --- | --- | | No | Mata Kuliah | Bidang Ilmu | Semester | Tahun | | 1 |  |  |  |  | | 2 |  |  |  |  | | dst |  |  |  |  |   2. Penelitian   |  |  |  |  | | --- | --- | --- | --- | | No | Judul Penelitian | Skema | Tahun | |  |  |  |  | |  |  |  |  | |  |  |  |  |   3. Publikasi   |  |  |  | | --- | --- | --- | | No | Judul | Jurnal/Prosiding | |  |  |  | |  |  |  | |  |  |  |   D. Alasan mengambil skema sertifikasi kompetensi yang dipilih   |  | | --- | |  |   Bengkulu, .... Mei 2024  Mengetahui  Ketua Prodi  Calon Peserta  .................................................. .................................................  NIP. .......................................... NIP. .........................................  3. Riwayat Pelatihan yang pernah diikuti berhubungan dengan serkom dipilih   |  |  |  |  | | --- | --- | --- | --- | | No | Nama Diklat | Tanggal | Penyelenggara | |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   C. Deskripsi tugas yang dikerjakan di laboratorium   |  | | --- | |  |   D. Alasan mengambil skema sertifikasi kompetensi yang dipilih   |  | | --- | |  |   Bengkulu, .... Mei 2024  Mengetahui  Ketua Laboratorium Calon Peserta  .................................................. .................................................  NIP. .......................................... NIP. ......................................... |
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