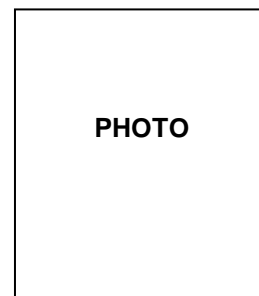




**DEPARTMENT OF SKILLS DEVELOPMENT**  
**JABATAN PEMBANGUNAN KEMAHIRAN**  
**MINISTRY OF HUMAN RESOURCES**  
**KEMENTERIAN SUMBER MANUSIA**



**STUDENT APPLICATION FORM**

**(Please send 2 copies of application form and use capital letters throughout if not type written)**

**1. PERSONAL DATA**

Full Name: (as in International Passport)

\_\_\_\_\_

*(Please underline surname)*

Date of Birth:  
(DD / MM / YYYY)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age:  
(YY/MM)

\_\_\_\_ / \_\_\_\_

Nationality:

\_\_\_\_\_

Sex:

Male

Female

Religion:

\_\_\_\_\_

*(Please specify)*

Marital Status:

Single

Married

Others:

\_\_\_\_\_

*(Please specify)*

Passport No:

\_\_\_\_\_

Date of issue:

\_\_\_\_\_

Date of Expiry:

\_\_\_\_\_

Place of Issue:

\_\_\_\_\_

Home Address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone No

Country Code

Area Code

Number

House

:

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Mobile

:

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Fax No.

:

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E- Mail

:

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**2. CURRENT LOCATION**

a) At home country: Yes  No

b) Already arrived in Malaysia  Date of arrival:

Address in Malaysia: *(Please fill in the address and Tel No. if already arrived in Malaysia)*

.....  
 .....

Tel No  Mobile No.  Fax No

**3. EDUCATIONAL BACKGROUND**

*(List in order of time, starting with the last institution attended)*

Name of Institution and Country	Major Field of Study	Year Attended (from ~ to)	Qualification Obtained

**4. LANGUAGE PROFICIENCY**

*(Please tick where necessary)*

Proficiency	ENGLISH				OTHER LANGUAGES ..... <i>(Please specify)</i>			
	E	G	F	P	E	G	F	P
Listening								
Speaking								
Writing								
Reading								

E = Excellent; G = Good; F = Fair; P = Poor

Certificate obtained in language (e.g.: TOEFL etc):

Name of Certificate	Language	Year Obtained	Name of Institution & country	Endorsed by (e.g. ministry international body)

Name & Address of a relative/ friend in Malaysia:

Name of relative/ friend:			
Address: <i>(Please specify if different from 2. b) above)</i>			
Tel No. :		Fax No. :	

Name & Address of person to be notified in any emergency:

Name of contact person:			
Address: <i>(Please specify if different from 2. b) above)</i>			
Tel No. :		Fax No. :	

**5. DECLARATION**

Have you ever been convicted by a Court of Law of any country? Yes  No

If yes, please give brief detail:

I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

If accepted for the training award, I undertake to:

- a) Carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the host government in respect of this course of training;
- b) Follow the course of study or training, and abide by the rules of the institution in which I undertake to study or train;
- c) Refrain from engaging in political activities, or any form of employment for profit or gain
- d) Submit any progress report which may be prescribed; and
- e) Return to my home country promptly upon the completion of my course of study or training

I also fully understand that if I am granted an award it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host government.

Signature of applicant:.....

Name:.....

Date:.....

**6. MEDICAL HISTORY**

**MEDICAL HISTORY TO BE COMPLETED BY NOMINEE**

Name of Nominee (as in international Passport)		
Date of Birth	Male/Female	Nationality

Name of Training Course:

**IMPORTANT:** Before you complete the Medical History, you are hereby notified that: A medical condition resulting from an undisclosed pre-existing condition may not be financially compensated for by Training Provider or Government of Malaysia and may result in termination of your training programme.

I understand and accept the terms to notice      YES           

**NOMINEE WILL CHECK "YES" OR "NO" AND EXPLAIN WHERE NECESSARY**

	YES	NO		EXPLANATION
a)			Have you had any significant or serious illness or injury? <i>(If hospitalized, give place &amp; dates)</i>	
b)			Have you had any operations or advised by physician to have an operation? <i>(Give place &amp; date)</i>	
c)			Do you currently use any drugs for treatment of a medical condition? <i>(Give name &amp; dose)</i>	
d)			Have you ever been a patient in a mental hospital or sanitarium or treated by a psychiatrist? <i>(Give place &amp; date)</i>	

**NOMINEE WILL INDICATE "YES" OR "NO" TO EACH ITEM**

Do you now have or have you ever had the conditions listed below?

	YES	NO	CONDITION
a)			Asthma, emphysema, or other lung conditions
b)			Tuberculosis or live with anyone who has tuberculosis
c)			High blood pressure heart disease
d)			Stomach, liver (hepatitis), gall bladder disease
e)			Kidney or bladder disease, stone or blood in urine
f)			Diabetes (sugar in urine)
g)			Depression, excess worry, attempted suicide, or other psychological symptoms
h)			Acquired Immune Deficiency Syndrome (AIDS)
i)			Tumor, abnormal growth, cyst or cancer
j)			Bleeding disorder, blood disease (sickle cell anemia)

**I CERTIFY THAT I HAVE READ THE ABOVE INSTRUCTIONS AND ANSWERED ALL QUESTIONS TRULY AND COMPLETELY TO THE BEST OF MY KNOWLEDGE**

Signature of applicant :.....

Name :.....

Date:.....

**7. FINANCIAL GUARANTEE DECLARATION**

This letter is to verify that I will support ..... while  
*(name of student)*

he/ she studies in the .....  
*(name of program including level of study)*

at.....  
*(name of institution)*

I understand that he/ she intends to study for ..... and I will support  
*(estimated length of study time)*

him/ her financial for this length of time.

.....  
*(Signature of financial guarantor/sponsorer)*

.....  
*(Name of financial guarantor/sponsorer)*

Seal /Stamp of Guarantor/Sponsorer

Date : .....

Address of Sponsor::

.....  
.....  
.....

Tel No : .....

Fax No : .....

E Mail : .....

Note:  
*Please include the original signed letter of sponsorship or scholarship or funding authority; and  
The original of bank statement with your application.*

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**MEDICAL REPORT  
(to be completed by an authorized physician)**

Note:

A Medical Report must be attached to this application form. Participant is required to undergo a medical check up and be certified fit. The medical report that accompanies the application form must be certified by the Panel Doctors of representatives authority in the country of origin.(Embassies, High Commissions etc. of the Malaysian Government in the country concern). If there is no Malaysian Representatives in the country concerned and the medical report has been prepared by the private practitioner, the medical report must be certified ed by the government doctor in the country concerned.

Name of Applicant :			
Age	Sex	Height	Weight
Blood group:		Blood pressure:	
Is the person examined at present in good health?			
Is the person examined physically and mentally able to carry out intensive training away from home?			
Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases, SARS etc) ?			
Does the person examined have any condition or defect (including teeth) which might require treatment during the course?			
List any abnormalities indicated in the chest X-Ray.			
Pregnancy Test (for woman):			

I certify that the applicant is medically fit to undertake a course in Malaysia.

Name of Physician:.....

Address of Clinic/ Hospital:.....

Telephone No./Fax No/ E-mail address:.....

Signature of Physician:

Seal /Stamp of Clinic/Hospital

.....