



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

PHOTO

STUDENT APPLICATION FORM

(Please send 1 copy 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)

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

:

Mobile

:

Fax No.

:

E- Mail

:

2. CURRENT LOCATION

a) At home country/ outside Malaysia: Yes ☐ No ☐

b) Already in Malaysia: Yes ☐ Date of arrival:
Type of Visa/Pass:

Address in Malaysia: (Please fill in the address and Tel No. if already 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			
	E	G	F	P (Please specify)			
Listening								
Speaking								
Writing								
Reading								

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

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

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

5. INSTITUTION & PROGRAM

Institution Name:

Program:

Training Duration:

6. 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 duration)
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 Sponsorer:

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

Tel No :

Fax No :

E Mail :

Note:

Please include the original signed letter of sponsorship or scholarship or funding authority.

7. MEDICAL HISTORY

MEDICAL HISTORY TO BE COMPLETED BY CANDIDATE

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

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

☐

CANDIDATE WILL CHECK "YES" OR "NO" AND EXPLAIN WHERE NECESSARY

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

	YES	NO	HEALTH CONDITION	EXPLANATION
a)			Have you had any significant or serious illness or injury? <i>(If hospitalized, give place & dates)</i>	
b)			Have you had any operations or advised by physician to have an operation? <i>(Give place & date)</i>	
c)			Do you currently use any drugs for treatment of a medical condition? <i>(Give name & dose)</i>	
d)			Have you ever been a patient in a mental hospital or sanitarium or treated by a psychiatrist? <i>(Give place & date)</i>	
e)			Asthma, emphysema, or other lung conditions	
f)			Tuberculosis or live with anyone who has tuberculosis	
g)			High blood pressure heart disease	
h)			Stomach, liver (hepatitis), gall bladder disease	
i)			Kidney or bladder disease, stone or blood in urine	
j)			Diabetes (sugar in urine)	
k)			Depression, excess worry, attempted suicide, or other psychological symptoms	
l)			Acquired Immune Deficiency Syndrome (AIDS)	
m)			Tumour, abnormal growth, cyst or cancer	
n)			Bleeding disorder, blood disease (sickle cell anaemia)	
o)			Other contagious diseases	
p)			Colour blind	
q)			Physical disability (please specify)	
r)			Have you made your medical check-up and when?	

Candidate will be required to undergo medical check-up at panel doctor specified by Malaysia authority within 7 days upon arrival. If failed the medical screening, candidate will be required to disembark to home country immediately at own expenses. The training fee will be refund by training provider and the Entry Visa will be terminated immediately.

8. DECLARATION

a) Have you ever been convicted by a Court of Law of any country?

Yes

☐

No

☐

If yes, please give details:

b) If accepted for the training program, I agreed to:

- i. Carry out such instructions and abide by such conditions as stipulated by the rules of law of the Government of Malaysia;
- ii. Follow the training and abide by the rules of the institution in which I undertake to study or train;
- iii. Refrain from engaging in political activities, or any form of employment for profit or gain; and
- iv. Return to my home country promptly upon the completion of my training.

I herewith certify that my statements above mentioned in this form are true, complete and correct.

Signature of applicant :.....

Name :.....

Date :.....