

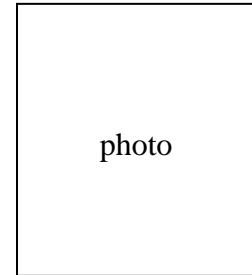


**Fakulti Pergigian
Universiti Malaya
50603 KUALA LUMPUR
MALAYSIA
Tel: 603-79677462/7463
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**Faculty of Dentistry
University of Malaya
50603 KUALA LUMPUR
MALAYSIA
Tel: 603-79677462/7463
Fax: 603-7967 6473**

PERMOHONAN UNTUK PENEMPATAN SEBAGAI PELAJAR ELEKTIF/PEMERHATI
Application for attachment as elective posting/observer student

1. BUTIR-BUTIR PEMOHON
Particulars of Applicant



- 1.1 NAMA:Tuan/Puan/Cik
.....
Name: Mr./Mrs./Mss
- 1.2 UMUR: 1.3 TARIKH LAHIR:
Age: Date of Birth
- 1.4 JANTINA 1.5 WARGANEGARA:
Sex: Citizenship:
- 1.6 Nombor Telefon: 1.7 Emel:
Contact Number: Email:
- 1.8 ALAMAT POS / *Postal Address:*
.....
.....
.....
- 1.9 ALAMAT DI MALAYSIA (JIKA ADA) / *Address in Malaysia (If Applicable):*
.....
.....
.....
- 1.10 WARIS TERDEKAT (SEBUTKAN PERTALIAN) / *Next of kin (State relationship):*
.....
.....
- 1.11 ALAMAT WARIS TERDEKAT DAN NO. TELEFON / *Address of next of kin and telephone number:*
.....
.....

- 1.12 NAMA DAN ALAMAT SEKOLAH PERGIGIAN ANDA / *Name and address of your Dental School:*

- 1.13 TAHUN PENGAJIAN ANDA PADA MASA PENEMPATAN YANG DICADANGKAN
Year of study at time of proposed attachment:

- 1.14 TARIKH TERTENTU ANDA AKAN MENJALANKAN PENEMPATAN
Precise date you wish to conduct your proposed attachment:
 DARI/From: HINGGA/Untill:
 (..... MINGGU/Weeks)
- 1.15 NYATAKAN BIDANG YANG DIINGINI / *State your fields of interest:*

- 1.16 ADAKAH ANDA INGIN MEMBUAT TINJAUAN ATAU KAJIAN? JIKA YA,
 NYATAKAN BIDANG DAN BERIKAN PROTOKOLNYA
Do you wish to do any survey or study? If yes, state the area and enclosed the protocol.

- 1.17 SAYA MENGESAHKAN BAHAWA SEMUA KENYATAAN DI ATAS ADALAH
 BENAR DAN SAYA SEDAR BAHAWA UNIVERSITI MALAYA BERHAK UNTUK
 MENOLAK PERMOHONAN INI, MENARIK BALIK TAWARAN KEMASUKAN
 ATAU MENYINGKIRKAN SESEORANG PENUNTUT DARI UNIVERSITI JIKA
 DIDAPATI PADA MANA-MANA PERINGKAT BAHAWA MAKLUMAT YANG
 DIBERIKAN ADALAH PALSU.
*I affirm that the above statements are correct and I am fully aware that the University of
 Malaya reserves the right to reject this application, withdraw an offer of admission or
 direct student to leave the University, if at any stage it is found that the information given
 is incorrect.*

TARIKH / Date: TANDATANGAN/Signature:

BORANG YANG LENGKAP HENDAKLAH DIHANTAR KE:
Completed form to be sent to:

**Dean
 Faculty of Dentistry
 University of Malaya
 50603 KUALA LUMPUR
 Malaysia**

KERAJAAN MALAYSIA
(GOVERNMENT OF MALAYSIA)

BORANG MAKLUMAT PERIBADI
(PERSONAL PARTICULARS FORM)

BAHAGIAN I: BUTIR-BUTIR DIRI

Part I: Personal Particulars

1. Nama Penuh:
(Full Name) (Family) (First) (Middle) (Last)
2. Lain-lain Nama (Jika ada):.....
(Other Name(s) (If Any))
3. Nama Cina (Jika Berkaitan):
(Chinese Name (If Applicable))
 - (a) Dalam Tulisan Cina:
(In Chinese Characters)
 - (b) Dalam Kod Perdagangan:
(In Commercial Code)
4. Tarikh Lahir:
(Date OF Birth) hari/bulan/tahun
(day)(month)(year)
5. Tempat Lahir:
(Place of Birth) Daerah/Negeri
(State)(Country)
6. Kewarganegaraan:
(Citizenship)
7. Alamat Tetap:
(Permanent Address)
.....
8. Pekerjaan Sekarang:
(Present Occupation)
9. Majikan sekarang:
(Present employer)
10. Tujuan lawatan:
Purpose of visit:
11. Tempoh berada di Malaysia:
(Duration of stay in Malaysia)
12. Alamat semasa berada di Malaysia
(Address whilst in Malaysia)

13. Tarikh dan tempoh lawatan lalu ke Malaysia (jika ada)
(Date and duration of stay of previous visits to Malaysia (if any))

BAHAGIAN II – BUTIR-BUTIR DOKUMEN PERJALANAN
(Part II – Particulars of travel document)

1. Jenis dokumen :
(Type of document)
- (a) Pasport (Passport)
(b) Lain-lain (sila nyatakan):
Others (please specify)
2. Nombor:
(Number)
3. Tarikh dan tempat dikeluarkan:
(Date and place of issue)
4. Pihak berkuasa yang mengeluarkan:
(Issuance authority)
5. Tempoh sah:
(Period of validity)

BAHAGIAN III – BUTIR-BUTIR PENGANJUR TEMPATAN (jika berkaitan)
(Part III – Particulars of local sponsor) (if applicable)

1. Nama dan alamat Institusi yang menganjur:
(Name and address of sponsoring institution)
2. Nama penganjur di Malaysia:
(Name of referee in Malaysia)
- (a) Dalam tulisan Cina (jika berkaitan)
(In Chinese characters) (if applicable)
- (b) Dalam kod perdagangan (jika berkaitan)
(In commercial code) (if applicable)
3. Tarikh dan tempat lahir penganjur:
+(Date and place of birth of referee)
4. Nombor kad pengenalan penganjur:
(Identity card number of referee)
5. Alamat penganjur:
(Address of referee)

.....
Tarikh (Date)

.....
Tandatangan Pemohon
(Signature of applicant)

**2. PERAKUAN SOKONGAN DARIPADA DEKAN SEKOLAH PERGIGIAN
Supporting Statement from the Dean of Your Dental School**

NOTE: The Dean of the Faculty or an appropriate senior Faculty member is required to fill this section and sent it to:

**Dean
Faculty of Dentistry
University of Malaya
50603 KUALA LUMPUR
Malaysia**

2.1 Name of Student:

2.2 Year of Course:

2.3 General academic ability of applicant:

Above Average/Average/Below Average

2.4 Assessment of applicant's general character and conduct:

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

I support his/her application and confirm the particulars given in the application form are true.

Date:

Signature :

Designation:

Official Seal: