

Bil. Kami:
Our Ref:

Fakulti Pergigian
Universiti Malaya
50603 Kuala Lumpur
Malaysia

Faculty of Dentistry
University of Malaya
50603 Kuala Lumpur
Malaysia

Gambar
Photo

Tel: 603-79677463 / 79674812
Fax: 603-79676473 / 79674809

PERMOHONAN PENEMPATAN KLINIKAL PERGIGIAN
Application for Dentistry Clinical Attachment

BUTIR-BUTIR PEMOHON
Particulars of Applicant

1. NAMA: DR. 2. JANTINA:
Name: Dr. Sex:

3. UMUR: 4. TARIKH LAHIR: 5. WARGANEGARA:
Age Date of Birth Citizenship

6. NO.K/PENGENALAN / NO. PASPORT: 7. NO TELEFON:
I/C No. / Passport No. Telephone No:

8. ALAMAT POS:
Postal Address
.....
.....

9. ALAMAT DI MALAYSIA (JIKA ADA):
Address in Malaysia (If Applicable)
.....
.....

10. WARIS TERDEKAT (SEBUTKAN PERTALIAN):
Next of Kin (State relationship)
.....

11. ALAMAT WARIS TERDEKAT DAN NO. TELEFON:
Address of Next of Kin and Telephone Number
.....
.....

12. NAMA DAN ALAMAT SEKOLAH PERGIGIAN ANDA:
Name and Address of Your Dental School

.....
.....

13. BAYARAN YURAN ADALAH SEPERTI BERIKUT:
The fee are as follows:

- RM420.00 (BAYARAN PERTAMA KALI) – *RM420.00 (one-off payment)*
- RM100.00 (UNTUK BULAN SETERUSNYA) – *RM100.00 (for the following month)*

PEMBAYARAN BOLEH DIBUAT DALAM BENTUK CEK/TUNAI:
The payment can be in the form of cheque/bank draft/cash

NO. CEK: BANK:
Cheque No Bank

14. BAYARAN CEK HENDAKLAH DIBUAT ATAS NAMA: “BENDAHARI, UNIVERSITI MALAYA”
Cheque must be payable to “Bursar, University of Malaya”

15. TARIKH TERTENTU ANDA AKAN MENJALANKAN PENEMPATAN
Precise Dates You Wish to Conduct Your Proposed Attachment

DARI HINGGA
From To

16. NYATAKAN BIDANG YANG DIINGINI:
State your fields of interest:

.....

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 state it is found that the information given is incorrect.

TARIKH: TANDATANGAN:
Date Signature

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

Dean Office
Faculty of Dentistry
University of Malaya
50603 Kuala Lumpur
MALAYSIA