

SECTION B: ACADEMIC RECORD**SPM / "O" Level or Equivalent Examination Results**

Name of Examination			
School Name			
Year commenced		Year completed	
No	Subjects	Grade	

STPM / "A" Level / Matriculation or Equivalent Examination Results

Name of Examination			
School Name			
Year commenced		Year completed	
No	Subjects	Grade	

SECTION C: OTHER QUALIFICATIONS / AWARDS

Year	Name of Examination / Award	Grade / Award

SECTION D: LANGUAGE PROFICIENCY LEVEL (Please indicate POOR/FAIR/FLUENT)

Type of Language	Speak	Read	Write
Bahasa Melayu			
English			
Mandarin			
Tamil			
Other:			

SECTION E: EXTRA-CURRICULAR ACTIVITIES

(Activities in school / college / university and leadership positions held)

Year	Club / Society / Organisation	Title / Responsibility

SECTION F: WORK EXPERIENCE (if any)

Period	Name of Employer	Designation

SECTION G: REASON(S) FOR APPLYING

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SECTION H: FAMILY BACKGROUND

Father's name				Mother's name			
NRIC no		Age		NRIC no		Age	
Address				Address			
House Tel				House Tel			
H/p no.				H/p no.			
Occupation				Occupation			
Gross income per month				Gross income per month			
Name and address of employer / own business (if retired, state type of employment, name and address of previous employer / own business)				Name and address of employer / own business (if retired, state type of employment, name and address of previous employer / own business)			
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GUARDIAN (if applicable)

Guardian's name		NRIC no		Age	
Address					
House Tel		H/p no.			
Occupation		Gross income per month			
Name and address of employer / own business (if retired, state type of employment, name and address of previous employer / own business)					
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PARTICULARS OF ALL BROTHERS AND SISTERS (exclude applicant)

Name	Relationship	Sex	Age	Marital status	Occupation (if studying, state level of education and name of school/institution)	Tel no (home, H/p or office)	Gross income per month

SECTION I: REFEREES

Names of two (2) referees who are known to the applicant and applicant's family for a period of not less than 3 years. Referees can be relatives or close family friends BUT not applicant's own parents, brothers / sisters or fellow students. Referees should be contactable by telephone during office hours.

Referees 1		Referees 2	
Name		Name	
Address		Address	
House Tel		House Tel	
H/p no.		H/p no.	
Occupation		Occupation	
No. of years known		No. of years known	
Relationship to applicant		Relationship to applicant	

SECTION J: DECLARATION

1. Have you ever had or been treated for serious illness affecting the Nervous, Respiratory, Genito-Urinary, Gastrointestinal, Metabolic, Haemopoietic and Lymphatic Systems, Cancer, AIDS, ETC.?

No Yes (If YES, Please give details and dates)

2. Have you ever been convicted of a criminal offence?

No Yes (If YES, Please state the charges)

3. Do you have any relatives working with United Malacca Berhad or its Group of companies?

No Yes (If YES, please furnish the following information)

Name _____
 Employer _____
 Relationship _____

I hereby declare that the information and copies of documents provided by me in this Application Form are correct and true to the best of my knowledge. I fully understand and accept that, if it is found that a false declaration has been made on this form, the Company has the absolute right to disqualify my application.

Name:

I/C No.:

Signature:

Date:

SECTION K: CHECK LIST TO BE COMPLETE BY APPLICANT

Please Tick (√)

1.	Completed Application Form	
2.	Photocopy of applicant's IC / Birth Certificate	
3.	Photocopy of SPM / 'O' Level result	
4.	Photocopy of STPM / 'A' Level / Matriculation result transcript	
5.	Photocopy of University results	
6.	Letter of Offer from University	
7.	Document stating the course fee from the University	
8.	Testimonial / Awards / Academic Certificate / Extra-Curricular Docs	
9.	School Leaving Certificates	
10.	Photocopy of Guardian's Form B/BE/EA/EPF/Pension Statement etc	
11.	Sibling's pay-slip (if applicable)	

FOR OFFICE USE

Date of Interview

Interview Assessment
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**Recommended for
Scholarship**

Yes

No

Interviewing Panel

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Name:
Designation:
Date:

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Name:
Designation:
Date:

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