

UNITED MALACCA UNIVERSITY SCHOLARSHIP SCHEME

APPLICATION FORM

Application Procedure:

- 1. Please type or write clearly.
- 2. If parent/parents are retired, state within brackets their occupation, name and address of employer/own business before retirement. If deceased, kindly submit death certificate.
- 3. Attach true copies of admission letter, academic transcripts/results, birth certificate and other relevant documents such as income tax notice of assessment of parents/guardians must be attached.
- 4. Completed application forms should be returned by 31st July 2022 to: -

United Malacca Berhad 6th Floor, No. 61, Jalan Melaka Raya 8, Taman Melaka Raya, 75000 Melaka. Please attach recent photograph here

Name of University

Course of Study Offered by above University

Duration of course	Commencement of course (mm/yyyy)	Completion of course (mm/yyyy)

FINANCIAL ASSISTANCE

Year received	Loan or scholarship	Name of organization/ other sources	Amount per annum

SECTION A: PARTICULARS OF APPLICANT

Full Name (as in IC	;)			
Home address (Pe	rmanent)			
City/Town	St	ate	Postcode	
House Tel		Handphone	no	
Email Address .				
Nationality		Race	Date of Birth	
Sex Male	E Female	Identity Card (New):		
Marital Status	Single	Married	Others	

SECTION B: ACADEMIC RECORD

SPM / "O" Level or Equivalent Examination Results

Nan	ne of Examination				
Sch	ool Name				
Yea	r commenced		Year complete	ed	
No		Subjects			Grade

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

Nan	ne of Examination			
Sch	ool Name			
Yea	r 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

SECTION H: FAMILY BACKGROUD

Father's nam	ie					Mother's name					
NRIC no				Age		NRIC no				Age	
Address						Address					
House Tel						House Tel					
H/p no.						H/p no.					
Occupation						Occupation					
Gross incom	e per	month				Gross incom	e per	month			
Name and ad	Idress	of employ	/er / own	busin	ess	Name and ad	Idress	s of employ	yer / own	busin	ess
(if retired, sta	ate typ	e of emplo	oyment, r	name	and	(if retired, sta	ate typ	pe of emplo	oyment,	name a	and
address of p	reviou	is employe	er / own b	ousine	ss)	address of p	reviou	us employe	er / own l	busine	ss)

GUARDIAN (if applicable)

Guardian's n	ame	NRIC no		Age
Address				
House Tel		H/p no.		
Occupation		Gross incom	ne per month	
	dress of employer / own business (if revious employer / own business)	retired, state	type of employn	nent, name and

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

-		illness affecting the Nervous, Respiratory, Genito- ietic and Lymphatic Systems, Cancer, AIDS, ETC.?
No		Yes (If YES, Please give details and dates)
No	ו 	Yes (If YES, Please state the charges)
Do you have any relatives working with	United	Malacca Berhad or its Group of companies?
No	<u>ו</u> א	Yes (If YES, please furnish the following information)
	I	Name
		Employer Relationship
	Urinary, Gastrointestinal, Metabolic, Ha	Urinary, Gastrointestinal, Metabolic, Haemopo

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 ($\sqrt{}$) 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 Letter of Offer from University 6. 7. Document stating the course fee from the University Testimonial / Awards / Academic Certificate / Extra-Curricular Docs 8. School Leaving Certificates 9. 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		
Recommended for Scholarship	Yes	No
Interviewing Panel		
	Name:	Name:
	Designation:	Designation:
	Date:	Date:
	Name:	Name:
	Designation:	Designation:
	Date:	Date:
	Duto.	Duto.
	Name:	Name:
	Designation:	Designation:
	Date:	Date: