



# IJN COLLEGE SDN BHD

NO. 45, JALAN TUN RAZAK, 50400, KUALA LUMPUR

IJN COLLEGE

TEL: 03-2617 8200 FAX: 03-2600 6226 EMAIL: college@ijn.com.my

## APPLICATION FORM

1. Please read carefully before completing this registration form (In BLOCK CAPITALS).
2. All details must be completed.
3. Please attach copies all documentary evidence of academic and other qualifications with this form.
4. \*Please cross out where necessary

**Sertakan sekeping  
gambar bersaiz  
passport**

*Affix one passport  
sized photo*

COURSE : GRADUATE CERTIFICATE IN CARDIOVASCULAR AND THORACIC SCIENCES

DICIPLINE : \_\_\_\_\_

INTAKE : \_\_\_\_\_ COHORT : \_\_\_\_\_

## PERSONAL INFORMATION

<b>Name</b> <i>(as in identity card/passport)</i>			
<b>Identity Card No</b>		<b>Passport No</b>	
<b>Date of Birth</b>	DD / MM / YYYY	<b>Passport Expiry Date</b>	
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status</b>	
<b>Place of Birth</b>		<b>Religion</b>	
<b>Nationality</b>		<b>Race</b>	
<b>Correspondence Address</b>			
		<b>Postcode</b>	
<b>Telephone No</b>		<b>E-mail</b>	
<b>Mobile-phone No</b>			

## SPOUSE INFORMATION

<b>Name</b> <i>(as in identity card/passport)</i>			
<b>Identity Card No.</b>			
<b>Correspondence Address</b>			
<b>Nationality</b>			
<b>Salary</b>	<input type="checkbox"/> ≤ RM2,000	<input type="checkbox"/> RM2,001-RM4,000	<input type="checkbox"/> RM4,001-RM6,000
	<input type="checkbox"/> RM6,001-RM8,000	<input type="checkbox"/> RM8,001-RM10,000	

**NEXT OF KIN**

<b>Name</b> <i>(as in identity card/passport)</i>	
<b>Identity Card No.</b>	
<b>Relationship</b>	
<b>Nationality</b>	
<b>Correspondence Address</b>	

**INTERNATIONAL STUDENT****If you are now in Malaysia, what type of immigration pass do you hold?** Social visit     Student     Dependent     Diplomatic**Expiry date of Immigration pass held**

DD / MMM / YYYY

**Name of Guardian***(Local Guardian/Contact Person In Malaysia)***Relationship****Correspondence Address****Postcode****Telephone No****E-mail****Mobile-phone No****EDUCATIONAL BACKGROUND***School/College/University Attended (In Chronological Order)*

No	Institution	Year	Examination/Achievement/Qualification
1.			
2.			
3.			
4.			
5.			

**ENGLISH LANGUAGE ACHIEVEMENT**

No	Institution	Course	Date Taken/ Completed	Score
1.				
2.				
3.				

**EXTRA-CURRICULAR ACTIVITIES**

No	Games/Societies	Position Held	Year
1.			
2.			
3.			
4.			
5.			

**WORKING EXPERIENCE**

No	Company	Year		Designation
		From	To	
1.				
2.				
3.				
4.				
5.				

**ACCOMODATION**

Do you require assistance in seeking accomodation?  Yes  No

If Yes, please state the type of accomodation required/preferred

**FINANCIAL RESOURCE**

Financial Source  Self  Parents  Awards/Scholarship/Loan  Other (if other, please specify)

Name of Financial Source

Correspondence Address

Postcode

Country

Telephone No.

Fax No.

Liaison Officer

Designation

Contact No.

Email

## DECLARATION

I \_\_\_\_\_ hereby declare that all information in this form is complete and correct.

Signature : \_\_\_\_\_  
Date :        /        /  
              DD    MM    YYYY

## FOR OFFICE USE ONLY

Received by:

Date received:

Recommended by:

Approved by:

Academic Head / Program Leader

Principal / Registrar / Administrator

\_\_\_\_\_  
Name/Signature:

\_\_\_\_\_  
Name/Signature:

Date:

Date:

- Firm Offer  
 Conditional Offer  
 Reject

Comments:

IJN College

- Accepted         Rejected

Date: