

**APPLICATION FOR SHORT-TERM MOBILITY PROGRAMME  
UNIVERSITI KEBANGSAAN MALAYSIA (UKM)**

<b>Name of Programme</b>	
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<b>Date of Programme</b>	
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**PERSONAL DETAILS**

1. Full Name:



*(Block Letters in accordance to Passport)*

Applicant's photo  
(WHITE background)

2. Gender:

Male

Female

3. Passport No.:

4. Citizenship:

5. Date of Birth:

  -   -    

6. Religion:

7. Marital Status:

Single

Married

Other: \_\_\_\_\_

8. Academic Qualification:

Diploma

Bachelor

Master

9. Tel. No.:

10. Email:

11. Medical Health Clarification:

Good

No (Please state): \_\_\_\_\_

12. T-Shirt Size:

S (Width 18 inches)

M (Width 20 inches)

L (Width 22 inches)

XL (Width 24 inches)

2XL (Width 26 inches)

Other: \_\_\_\_\_

## HOME UNIVERSITY INFORMATION

1. Name of University:
2. University Address:   
  
Postcode:
3. Field of Study:  4. Current CGPA:
5. Year of Study:  1<sup>st</sup> Year  2<sup>nd</sup> Year  3<sup>rd</sup> Year  4<sup>th</sup> Year
6. Student Programme Coordinator:  
Name:   
Email:  Tel. No.:
7. Do you receive financial support? If yes, please state below and submit the Letter of Sponsorship:

## DECLARATION BY APPLICANT

I hereby declare that all information and documents provided are true and complete. I acknowledge that the Universiti Kebangsaan Malaysia (UKM) could reject my application or revoke any offer if the information and documents provided are untruthful or deceitful.

Signature: \_\_\_\_\_

Date:   -   -

## CHECKLIST OF APPLICATION

The following documents must provide in the English language with the application form.

- Letter of Recommendation from the home university.
- Copy of Official Academic Transcript / Academic records.
- Copy of English Language Certificate (e.g.: TOEFL, IELTS or Endorsement Letter from the home university on student English competency).
- Copy of passport (First page).
- Letter of Sponsorship (If any).
- Health Declaration Form.

Please email your completed application documents to:

**International Relations Centre (UKM Global)**

Universiti Kebangsaan Malaysia

Email : [isp@ukm.edu.my](mailto:isp@ukm.edu.my) | Website : [www.ukm.my/pha](http://www.ukm.my/pha)

Tel. No.: +603 8921 4704 / +603 8921 5057

## HEALTH DECLARATION FORM FOR APPLICANTS

I hereby declare that I am free from the following diseases/conditions:

ITEMS	SELF		IF NO, PLEASE STATE
	YES	NO	
Tuberculosis			IF YOU HAVE SOUGHT CONSULTATION FOR ANY OF THE LISTED DISEASES/CONDITION, YOU ARE REQUIRED TO SUBMIT YOUR MEDICAL HISTORY/REPORT FROM YOUR TREATING PHYSICIAN TO EDUCATION MALAYSIA GLOBAL SERVICES (EMGS) PANEL CLINIC/UNIVERSITY HEALTH CENTRE.
Hepatitis B			
Hepatitis C			
HIV			
Drug use/abuse of:			
1. Opiates			
2. Cannabinoids			
3. Amphetamine			
4. Methamphetamine			
Sexually Transmitted Diseases			
Congenital or Inherited Disorder			
Cancer			
Epilepsy			
Psychiatric Illness			
Other illness			

I declare that I will submit myself for compulsory Post-Arrival Health Examination as per Malaysian regulations. In the event that I should be diagnosed with any condition that deems me **UNSUITABLE** for studies, I will bear the cost of leaving Malaysia and will adhere to the immigration requirements on the visit pass and exit before the pass expiration, or any deadline given to me whichever is earlier.

I declare that in the event I should be diagnosed with any conditions that does not require my removal from Malaysia but requires medical treatment and I choose to remain in Malaysia to continue my studies, I will bear any and all costs relating directly or indirectly towards the medical management of my medical condition.

I confirm that EMGS Panel Clinic/University Health Centre shall not be responsible in any manner or whatsoever, arising out of EMGS Panel Clinic/University Health Centre certification of my medical status as suitable to study or reside in Malaysia despite the medical condition described above. I further undertake to hold EMGS Panel Clinic/University Health Centre harmless from any loss or liability arising from this decision and agree to indemnify and keep EMGS Panel Clinic/University Health Centre from any loss or liability arising from this decision.

.....  
**Date (dd/mm/yyyy)**

.....  
**Name of applicant as indicated in the passport**

.....  
**Applicant's signature**

.....  
**Applicant's passport number**

**Kindly ensure all information requested in this form is complete and updated in English Language.**