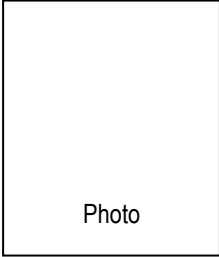




UNIVERSITI KEBANGSAAN MALAYSIA
JALAN YAACOB LATIF, BANDAR TUN RAZAK
56000 CHERAS, KUALA LUMPUR, MALAYSIA
TEL : +603-9145 5029 FAX : +603-9145 6655



APPLICATION FOR ATTACHMENT (FOR PRE-UNIVERSITY STUDENTS)

A. PARTICULARS OF APPLICANT

Name : Mr/Mrs/Ms
(In BLOCK LETTERS as written in passport)

Other Name :
(If any, including maiden name)

Age : Sex : Citizenship :

I/C or Passport No :

Postal Address :
.....
.....

Tel. No : Fax No : E-mail :

Next of Kin :

Address of Next of Kin :
.....
.....

Tel : Fax :

B. BACKGROUND EDUCATION

Name and address of parent school/college :
.....
.....

Year of study :

Expected date of graduation :

Indicate briefly your clinical experience to date (if any) :

.....
.....
.....

(If space is insufficient, please write on a different sheet)

C. PARTICULARS OF ATTACHMENT REQUESTED

Overall period of attachment :

From : To : (weeks)

(Total length of the posting **must not exceed more than 1 week**)

Reason for attachment : (eg. prerequisite of medical school applied).

.....
.....

Date :

Signature of applicant :

(Copies of document with your **Certifying Letter, Transcript of Examination & Course of Study** and **Curriculum Vitae** to be attached with application form)

D. SUPPORTING STATEMENT FROM DEAN OF PARENT COLLEGE.

I confirm the standing of the applicant in our school/college and that the proposed attachment is considered suitable.

Additional remarks :

.....
.....
.....

Date :

.....
Signature of Dean

.....
Official Stamp

This form should be returned to:

Undergraduate Studies,
Senior Executive (Administration),
Universiti Kebangsaan Malaysia,
Jalan Yaacob Latif, Bandar Tun Razak,
56000 Cheras, Kuala Lumpur, MALAYSIA.

**PERATURAN & CARA MEMOHON
UNTUK MENJALANI ATTACHMENT DI FAKULTI PERUBATAN
UNIVERSITI KEBANGSAAN MALAYSIA**

(RULES & REGULATIONS FOR ATTACHMENT APPLICATIONS)

1. PEMOHON ADALAH PELAJAR KOLEJ DAN SEDANG MENGIKUTI PROGRAM 'A' LEVEL ATAU PROGRAM YANG SETARA DENGANNYA.

(The applicant should be a college student pursuing an 'A'-level programme or equivalent)

2. PERMOHONAN LENGKAP BERSERTA SURAT PENGESAHAN TEMPAT BELAJAR SERTA BIODATA PELAJAR HENDAKLAH DITERIMA OLEH SEKRETARIAT 2 BULAN SEBELUM TARIKH SANGKUTAN YANG DI POHON.

*(We should receive the **completed application form**, with your **Certifying Letter** from your place of study and **Curriculum Vitae**, 2 months before the commencing date of elective posting)*

3. JUMLAH MASA SANGKUTAN HENDAKLAH **TIDAK MELEBIHI SATU (1) MINGGU** DAN KURSUS ADALAH DI BAWAH SELIAAN JABATAN KEJURURAWATAN, PUSAT PERUBATAN UKM.

*(The total length of the attachment must **not exceed 1 week**. The attachment is under the supervision of the Department of Nursing, UKM Medical Centre.)*

4. PERMOHONAN SANGKUTAN **TIDAK DITERIMA** SEKIRANYA JATUH PADA TARIKH PEPERIKSAAN IKHTISAS DALAM BULAN **OGOS** DAN **MAC**.

*(The attachment must **not coincide** with the dates of Professional Examinations, which are usually held in the months of **August** and **March**.)*

5. YURAN **PENDAFTARAN** KURSUS HENDAKLAH DIBAYAR SECARA **TRANSKASI ATAS TALIAN / ATM KAD** SETELAH PERMOHONAN DILULUSKAN DAN HENDAKLAH DIBAYAR KETIKA **HARI PERTAMA PENDAFTARAN**. YURAN YANG DIKENAKAN ADALAH SEBANYAK **RM 200.00** SHJ.

*(A **processing fee** Online Transaction / Card ATM, **RM 200.00** in payment is chargeable on acceptance and to be paid on the 1st day of reporting).*

6. **SILA PENUHKAN BORANG PERMOHONAN ATTACHMENT DENGAN TELITI DAN LENGKAP BERSERTA TANDATANGAN DEKAN TEMPAT BELAJAR BESERTA COP MOHOR ATAU COP TANDANAMA JAWATAN PEGAWAI DAN KEMBALIKAN SECEPAT MUNGKIN KEPADA :**

(Please complete the application form carefully, which must be signed by your Dean and accompanied by the official stamp of your college and return it to us as soon as possible)

**Sekretariat Pengajian Prasiswazah /Undergraduate Studies
Eksekutif Kanan (Pentadbiran)/Senior Executive (Administration)
Fakulti Perubatan/Faculty of Medicine, UKM
Jalan Yaacob Lariff,
Bandar Tun Razak,
56000 Cheras, Kuala Lumpur, MALAYSIA.**

Tel : +603-9145 5029 Fax : +603-9145 6655

Web site : <http://www.ppukm.ukm.my/sppa/>

Email : mohdiqbal@ppukm.ukm.edu.my

7. Sekiranya memerlukan penginapan, sila tulis surat permohonan kepada :

*If in need of **accommodation**, please write to :*

**Pengetua/Principal
Kolej Tun Dr. Ismail/Tun Dr. Ismail College, UKM
Fakulti Perubatan/Faculty of Medicine, UKM
Jalan Yaacob Latiff,
Bandar Tun Razak,
56000 Cheras, Kuala Lumpur, MALAYSIA.**

Tel : +603-9145 6302 / 6270 Fax : +603-9173 5231

Email : amawi_8@ukm.edu.my