

| YSD POSTGRADUATE SCHOLARSHIP APPLICATION FORM | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------|------|-------|--------|--------|----|---|---|-----------|-------------|-----------------------------|------|---------------------------|-------------|------------|-----|-----|-----|----|----|-------|------|
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| A. PERSONAL PARTIC | CULAF | RS | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | PHOTOGRAPH | | | | | | | |
| Tista (Calabadia) | 1 | | | | | | | | | 1 | | | | | | | | | | | | |
| Title/Salutation Full Name as per | | | | | | | | | | | | | | | | | | | | | | |
| IC/Passport | | 1 | | | | 1 | ı | 1 | ı | ı | ı | 1 | | | | | | | | | | |
| New IC No. | | | | | | | | | | | | | | | | | | | | | | |
| Old IC No. | | | | | | | | | | Date | of P | irth | | | 1 | | | | | | | |
| Place of Birth | (DI | | | | | | | | | (DD | ate of Birth DD.MM.YYYY) | | | | | | | | | | | |
| Gender | | | | | | | | | | Age | | | | | | | | | | | | |
| Race | | | | | | | | | - | lationality | | | | | | | | | | | | |
| Religion | | | | | | | | | Ethnicity | | | | Bumiputera Non-Bumiputera | | | | | | | | | |
| Marital Status No. of Children | Single Married | | | | | | | | | Divorced | | | | | Widowed | | | | | | | |
| (below 24 yrs old) | | | | | | | | | | | | | | | | | | | | | | |
| Contact Details | | ı | | | 1 | ı | ı | ı | ı | ı | ı | ı | | | | | | | | | | |
| Contact No. | | | | | | | | | | | | | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | |
| Unit No. and Street | | | | | | | | | | | | | | | | | | | | | | |
| Town/City | | | | | | | | | | Posto | | | | | :ode | | | | | | | |
| State | | | | | | | | | Country | | | | | | | | | | | | | |
| Contact No. | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| B. LANGUAGES AND I | DIALE | CTS | PROF | ICIE | NCY | | | | | | | | | | | | | | | | | |
| | | angi | ıages | : / Di | ialect | ts | | | | | | | R | ead | | | | eak | | | Write | |
| 5.1 M.1 : | - | unge | auges | , , | uicci | | | | | | | Flu | ent | ı | Fair | Flu | ent | Fa | ir | FI | uent | Fair |
| Bahasa Malaysia | | | | | | | | | | | | | | | | | | | | | | |
| English | | | | | | | | | | | | | | | | | | | | | | |
| Mandarin | | | | | | | | | | | | | | | | | | | | | | |
| Tamil | | | | | | | | | | | | | | | | | | | | | | |
| Others: | | | | | | | | | | | | | | | | | | | | | | |
| Others: | | | | | | | | | | | | | | | | | | | | | | |
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| C. HIGHEST EDUCATIONAL AND QUALIFICATIONS PARTICULARS | | | | | | | | | | | |
|---|-------------|-----------------------|--------------------------------|--------------|-------------------|------------|--------|----------------|----------------------|---------------|--|
| C. HIGHEST EDUCATION | ONAL ANL | QUALIFI | ICATIONS PAR | TICULARS | | | | | | | |
| | . Lo | ocation | Qualification | | . = | Date (D | D.MM.Y | YYY) | Year | Final | |
| Name of Institution University / School | / (Co | ountry / n / City) | (i.e. PHD, MBA, BA, Dip) | | e / Field tudy | From | | То | Achieved Graduate | | |
| | | | Dip) | | | | | | | Class | |
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| | | | | | | | | | | | |
| PROFESSIONAL MEMBE | RSHIPS | | | | | | | | | | |
| Nan | ne of Prof | essional B | Body | | Memb | ership No. | M | Membership Cla | | Year Obtained | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| KEY ACHIEVEMENTS | | | | | | | | | | | |
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| | | | | | | | | | | | |
| D. EMPLOYMENT RECO | ORD | | | | | | | | | | |
| Total years of working exp | erience: | ye | ears | | | | | | | | |
| PRESENT EMPLOYMENT | | | | | | | | | | | |
| Name of Company | | | | | Date Join | ned | | | | | |
| Position | | | | | | | | | | | |
| Years in the Company | | | | | | | | | | | |
| For Sime Darby's employe | e, please c | omplete th | e following sect | ion: | | | | | | | |
| Company Name | Р | ostion | Divi | sion | SAP/Emplo | yee ID | Date 3 | Joined | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| E. POSTGRADUATE PL | ACEMENT | ſ | | | | | | | | | |
| No | | Qualif | ication | F:-!-! - 4 C | Ad | Duration o | | pected | F | 1 C | |
| Name of Instituti | on | (MSC, MI | BA, PhD) | Field of S | tuay | Study | Comi | menceme nt | Expected | d Completion | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| F. ADDITIONAL INFO | RMATION | | | | | | | | | | |
| Do you have any family Group? | members | / relative | es working in t | he Sime D | arby | Yes | | No | | | |
| If Yes, please provide th | ne followi | | | | | | • | | | | |
| Name | | Rela | ationship | | Company | | Lo | cation | D | esignation | |
| | | | | | | | | | | | |
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| G. REFERENCE | | | | | | | | | | | | | | | | | | |
|---|------------------------------|-------------------|------------------|------------------------------|------------------------|----------------|----------|------------------------|-----------------------|--------------------|-----------------|-----------------------|------|--|--|--|--|--|
| REFEREE 1 (Other than | relati | ves) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Name | 00 | | | | | | | | | Осс | Occupation | | | | | | | |
| Company Name | | | | | | | | | | | | | | | | | | |
| Company Address | | | | | | | | | | | | | | | | | | |
| Referee's Email Address | | | | | | | | | | No. | of Ye | ars Known | | | | | | |
| Contact No. | | | | | | | | | | | | | | | | | | |
| REFEREE 2 (Other than | relati | ves) | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | Occupation | | | | | | | | |
| Company Name | | | | | | | | | | | | | | | | | | |
| Company Address | | | | | | | | | | | | | | | | | | |
| Referee's Email Address | | | | | | | | | | No. of Years Known | | | | | | | | |
| Contact No. | | | | | | | | | | | | | | | | | | |
| Have you ever been charg Are you diagnosed with an I hereby certify that the in I understand that any false or for its immediate cance | iy illne forma e state | esses, ation (| , dise provio | eases of ded by withol | or disa me Iding | above of an | e are | es/No comp evant |) lete a inforr | and c | orrect | to the best of m | , | | | | | |
| SIG | GNATU | JRE C | OF AP | PLICA | NT | | | | | J | | | DATE | | | | | |
| CheckList (Please Tick) 1. All details provided in the application form are valid | | | | | | | | | | | | | | | | | | |
| 2. Supporting Documents: Note: Before you submit, please ensure that the following documents have been "certified true copy" A. Offer letter of admission from university B. Copy of Bachelor Degree's / Master's Degree's results C. Copy of NRIC D. Curriculum Vitae / Resume (please include details of working experience, qualifications, key achievements, etc.) E. One (1) page of Abstract / Executive Summary of your proposed research or course of study F. Latest Salary Slip | | | | | | | | | | | | | | | | | | |
| 3. Obtain permission from He (Applicable for Sime Dai | | | | t & HR | Depa | irtmer | nt to ap | pply fo | or YSD |) Scho | olarshi | Programme | | | | | | |
| Name: Position: Date: | | | | | | | | | | | Stamp by Gro | : up of Companies) |) | | | | | |