



# UNIVERSITI MALAYA

KUALA LUMPUR

PUSAT PENDIDIKAN BERTERUSAN

## BORANG PERMOHONAN/APPLICATION FORM

PROGRAM / PROGRAMME :

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Pemohon dikehendaki mengisi **SATU** salinan Borang Permohonan dan hantarkan ke **Pusat Pendidikan Berterusan Universiti Malaya (UMCCed), Aras 3, Blok A, Kompleks Kampus Kota Universiti Malaya, Jalan Tun Ismail, 50480 Kuala Lumpur**. Setiap permohonan hendaklah dikemukakan bersama-sama dengan **SATU** set salinan sijil-sijil dan transkrip akademik yang telah disahkan benar serta surat akuan daripada majikan (jika ada). Sila tuliskan kursus yang dipohon di sebelah atas kiri sampul surat.

Pemohon hendaklah menyertakan bersama sampul surat berukuran 38cm x 25cm (Saiz A4) yang beralamat sendiri serta berselem RM1.00 dan bayaran pemprosesan sebanyak **RM25.00** dalam bentuk Wang Pos/Kiriman Wang di atas nama UMCCed.

*Applicants must fill in **A COPY** of the application form and send it to **University of Malaya Centre for Continuing Education (UMCCed), Level 3, Block A, University of Malaya City Campus, Jalan Tun Ismail, 50480 Kuala Lumpur**. Please attach along with the application form **A COPY** of relevant certificate(s), academic transcript and a letter of reference from the employer (if any). Please write the name of the programme applied on the top left side of the envelope.*

*Applicants are required to enclose a self-addressed envelope with stamp (RM1.00), 38cm X 25 cm (A4 size) and **RM25.00** for processing fees (postal order/money order) payable to UMCCed.*

### **A. BUTIR-BUTIR PERIBADI / PERSONAL PARTICULARS**

1. Nama Penuh/ Full Name: \_\_\_\_\_ Jantina/Sex: \_\_\_\_\_

(Huruf Besar/Capital Letters)

2. No.KP/ IC No.: a) \_\_\_\_\_ b) \_\_\_\_\_  
(Lama/Old) (Baru/New)

3. Kewarganegaraan/Nationality: \_\_\_\_\_ 4. Keturunan/Race: \_\_\_\_\_

5. Tarikh Lahir/Date of Birth: \_\_\_\_\_ 6. Negeri Kelahiran/State of Birth: \_\_\_\_\_

7. Alamat Tetap/*Permanent Address*:

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8. Nama & Alamat Pejabat/ *Office Name & Address*:

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9. No. Telefon/*Telephone No.*:

\_\_\_\_\_ (rumah/*house*) \_\_\_\_\_ (pejabat/*office*)  
\_\_\_\_\_ (telefon bimbit/*mobile phone*)

10. No. Faksimili/*Facsimile No.*:

\_\_\_\_\_ (rumah/*house*) \_\_\_\_\_ (pejabat/*office*)

11. Alamat surat menyurat (jika lain daripada di atas)/*Mailing Address (if different from above)*:

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**B. LATAR BELAKANG AKADEMIK / *ACADEMIC BACKGROUND***

<b>Ijazah/Diploma/Sijil/Pendidikan Peringkat Menengah / <i>Degree/Diploma/Certificate/ Secondary Level Education</i></b>	<b>Institusi / <i>Institution</i></b>	<b>Tahun / <i>Year</i></b>	<b>Keputusan/ <i>Result</i></b>

**Sila lampirkan salinan sijil-sijil berkenaan yang telah disahkan / *Please attach certified copies of the relevant certificate(s)***

**C. PENGALAMAN PEKERJAAN / WORK EXPERIENCE**

<b>Nama Majikan / Employer's Name</b>	<b>Jawatan / Position</b>	<b>Tahun Perkhidmatan/ Year of Service</b>

Sila lampirkan surat akuan daripada majikan/*Please attach reference letter from employer*

**D. MAKLUMAT WARIS / INFORMATION ON NEXT OF KIN**

1. Nama/Name: \_\_\_\_\_

Hubungan/Relationship: \_\_\_\_\_

Alamat/Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

No. Telefon/Telephone No.: \_\_\_\_\_

**E. RUJUKAN / REFERENCE**

1. Nama/Name: \_\_\_\_\_

Jawatan/Position: \_\_\_\_\_

Alamat/Address: \_\_\_\_\_

No. Telefon/Telephone No.: \_\_\_\_\_

2. Nama/Name: \_\_\_\_\_

Jawatan/Position: \_\_\_\_\_

Alamat/Address: \_\_\_\_\_

No. Telefon/Telephone No.: \_\_\_\_\_

**F. PERAKUAN / DECLARATION**

Saya mengaku bahawa semua keterangan dan bukti yang saya berikan di dalam permohonan ini adalah benar. Saya sedia maklum bahawa pihak UMCCed berhak menolak permohonan ini atau menarik balik tawaran program pada bila-bila masa sekiranya mana-mana keterangan atau salinan sijil-sijil yang dikemukakan adalah tidak benar.

*I declare all the information and proof given in this application is true. I understand that UMCCed has the right to withdraw or terminate this offer at any time if the information or copy of certificate (s) given by me in this application are false.*

\_\_\_\_\_  
Tarikh/Date:

\_\_\_\_\_  
Tandatangan Pemohon / Applicant's Signature

**G. PENGESAHAN / VERIFICATION**

Saya mengesahkan bahawa pemohon sedang berkhidmat di organisasi ini dan menyokong permohonan beliau untuk mengikuti program anjuran UMCCed.

*I verify this applicant is currently working in this organization and I support his/her application to enrol in the programme offered by UMCCed.*

\_\_\_\_\_  
Tarikh/Date:

\_\_\_\_\_  
Tandatangan & Cop Majikan /  
Employer's Signature & Stamp