Photo

APPLICATION FORM

Medic Pro Link Sdn. Bhd

L21-05, PJX-HM Shah Tower,
No. 16A, Jalan Persiaran Barat,
46050 Petaling Jaya, Selangor Darul Ehsan, Malaysia
Tel: 603-7957-3870 | Fax: 603-7957-3807

www.medicprolink.com.my

GENERAL INFO

Name:

Age: Gender: ☐ Male ☐ Female Nationality: ☐ Malaysian ☐ Non-Malaysian

IC No: – – Date of Birth: – –

Passport No: Expiry Date: – –

Place of Birth:

Religion: Race:

Marital Status: ☐ Single ☐ Married No of Siblings: of

Tel No: – *(House)* – *(Mobile)*

CORRESPONDENCE INFO

Address:

City: Zip Code:

Country:

Home Tel No: – Fax No: –

Mobile No: – Whatsapp:

Email Address:

Website URL: *http://*

Facebook:

Instagram:

FAMILY INFO - Father

Name:

Age: Nationality: Malaysian Non-Malaysian Blood Group:

IC No: – – Date of Birth: – –

Religion: Race:

Place of Birth:

Education Background: Master Degree Diploma STPM SPM PMR

Occupation:

Monthly Salary:

Email Address:

Tel No: – *(House)* – *(Mobile)*

FAMILY INFO - Mother

Name:

Age: Nationality: Malaysian Non-Malaysian Blood Group:

IC No: – – Date of Birth: – –

Religion: Race:

Place of Birth:

Education Background: Master Degree Diploma STPM SPM PMR

Occupation:

Monthly Salary:

Email Address:

Tel No: – *(House)* – *(Mobile)*

FINANCIAL SUPPORT INFO

Private: *(Family)*

Loan: *(Bank/Instituition)*

Scholarship:

Others:

ACADEMIC INFO

SPM Level

Name of School:

School Address:

Year:

Result Gained: Add Maths | Chemistry | BI | Maths | Biology | Physics | BM | Sejarah

Pre University Level (Institution)

Name:

Address:

Year: *(indicate which year)*

Program:

Result Gained: *Grade* Mathematics | Physics | MUET/IELTS | Chemistry | Biology | Others

CGPA

NON-ACADEMIC INFO

Interest:

Hobby:

Language Skill:

English:	*(Excellent)*	*(Average)*	*(Poor)*
Bahasa Melayu:	*(Excellent)*	*(Average)*	*(Poor)*
Tamil:	*(Excellent)*	*(Average)*	*(Poor)*
Chinese:	*(Excellent)*	*(Average)*	*(Poor)*
Others: _____	*(Excellent)*	*(Average)*	*(Poor)*

Note: Candidates may attach their co-curicular resume.

COURSE OF STUDY

Programme / University of Choice

(The course and university chosen here is final and will be used to process your application)

Programme

- ☐ Pre-Medic
- ☐ Medicine
- ☐ Dentistry
- ☐ Pharmacy
- ☐ Veterinary
- ☐ Others: _____ *(please specify)*

University

- ☐ Universitas Gadjah Mada
- ☐ Universitas Brawijaya
- ☐ Universitas Andalas
- ☐ Universitas Padjadjaran
- ☐ Universitas Indonesia
- ☐ Universitas Airlangga
- ☐ Universitas Sumatera Utara
- ☐ Universitas Udayana
- ☐ Bogor Agricultural University
- ☐ Other: _____
- ☐ Kursk State Medical University
- ☐ First Moscow State M.U
- ☐ Russian National Research M.U
- ☐ Institut Teknologi Bandung

Health Information

Height : _____ cm Weight : _____ kg Blood Group _____

Regular Medical Check-Up	:	☐ Yes	☐ No
Hospitalized More Than 5 Days	:	☐ Yes	☐ No
Under Any Medication	:	☐ Yes	☐ No, If yes : _____
Last Time Hospitalized	:	☐ Yes	☐ No, If yes : _____ *(indicate which year)*
Often Fall Unconscious While Doing Activity	:	☐ Yes	☐ No
Asthma	:	☐ Yes	☐ No
Allergic	:	☐ Yes	☐ No
Gastristic	:	☐ Yes	☐ No
Disabilities	:	☐ Yes	☐ No, If yes : _____ *(indicate which year)*

University Coat Size : _____

Terms & Conditions

- All payments received are non-refundable except for Handling Fee which will be refunded only upon failure to secure university/ institution offer letter.
- Medic Pro Link Sdn. Bhd. reserves the rights to make amendments to services if it is deemed necessary without prior notice.
- Enrolment into university together with payment of deposit or fees constitutes a binding agreement to follow the course and pay the full fees, even if the student decides not to complete the course for the academic year. No refunds can be made as a space has been committed for the duration of the programme.
- It is the responsibility of the student to fully comply with the necessary requirements of the university and Ministry of Higher Education of Malaysia.

I/We hereby agree to the above terms and conditions and conscientiously declare that all information provided is true and accurate.

Student,	Parents/Guardian,	Witness,
_____	_____	_____
Name: _____	Name: _____	Name: _____
Date: _____	Date: _____	Date: _____