

FOR OFFICE USE ONLY	
(PLEASE TICK ✓ WHERE APPLICABLE)	
PROCESSING FEE	
QUALIFIED	
NOT QUALIFIED	
NOT COMPLETE	
ROAD SHOW	
REMARKS	

APPLICATION FORM

INSTRUCTIONS

- All information should be fill in **CAPITAL LETTERS**
- Please tick (✓), where applicable
- Completed form should be submitted together with all relevant documents as stated at the back of this form

Affix passport size photo

Please write your name & i/c no. at the back of the photo

PROGRAMMME

Bachelor of Medicine & Bachelor of Surgery (M.B.B.S) KPT(JPS)600-07/65/Jld II(4)

Bachelor of Pharmacy (Hons) KPT(JPS)600-07/65/Jld II(4)

Bachelor of Homeopathic Medical Sciences (Hons) KPT(JPS)600-07/65/Jld III(9)

PERSONAL PARTICULARS

FULL NAME

(as in IC/Passport)

NRIC No.

(or Passport No.)

Nationality

Address

Postcode

State/Country

Contact No. (Home)

Handphone No.

Gender

Marital Status

Race

Religion

Age

Date of Birth

PARENTS/GUARDIAN INFORMATION

FATHER

Title Dr. Mr. Other _____
(Please specify , e.g Tan Sri,Datuk,Dato',etc)

Name _____
(as in IC/Passport)

Address
[Large empty box for address]

Home Tel.No _____
Home Fax No. _____
Mobile Phone No. _____
Office Tel.No _____
Office Fax No. _____

Company _____
Occupation _____
Annual Income _____
Highest Education Level _____
Email Address _____

MOTHER

Title Dr. Mdm Other _____
(Please specify , e.g Tan Sri,Datuk,Dato',etc)

Name _____
(as in IC/Passport)

Address
[Large empty box for address]

Home Tel.No _____
Home Fax No. _____
Mobile Phone No. _____
Office Tel.No _____
Office Fax No. _____

Company _____
Occupation _____
Annual Income _____
Highest Education Level _____
Email Address _____

GUARDIAN

Title Dr. Mr. Mdm Mrs Ms Others _____
(Please specify , e.g Tan Sri,Datuk,Dato',etc)

Name _____
(as in IC/Passport)

Address
[Large empty box for address]

Home Tel.No _____
Home Fax No. _____
Mobile Phone No. _____
Office Tel.No _____
Office Fax No. _____

Company _____
Occupation _____
Annual Income _____
Highest Education Level _____
Email Address _____

ADDITIONAL INFORMATION

PARENT'S MARITAL STATUS Married Divorced Separated Deceased (Mother/Father)

ACADEMIC QUALIFICATIONS & RECORD

HIGHEST QUALIFICATION, PLEASE TICK (√)
 STPM MATRICULATION A-LEVEL SAM CPU AUSMAT FOUNDATION IN SCIENCE
 DIPLOMA

(please specify) _____

 OTHERS

(please specify) _____

RESULTS

Subject

Grades

cGPA / Aggregate

Chemistry

Others

Biology

Mathematics

Physic

_____ **ENGLISH LANGUAGE ACHIEVEMENT** TOEFL IELTS Malaysian University English Test (MUET) Others

(please state) _____

Name of Institution : _____

Score/Grade : _____

WORKING EXPERIENCE (if applicable)

From (mm/yy)	To (mm/yy)	Position	Job Description	Employer

EDUCATION INSTITUTIONS ATTENDED (Please certified true copies of certificates and academic transcripts)

From (mm/yy)	To (mm/yy)	Qualification	Institution / University

SCHOLARSHIPS, AWARDS OR SPECIAL ACADEMIC ACHIEVEMENTS

Date (mm/yy)	Achievements

EXTRA CURRICULAR ACTIVITIES

Date (mm/yy)	Achievements

MEDICAL DISCLOSURE

Is there any medical condition of the application that requires the attention of CUCMS? If yes, please specify.

(Please attach a copy of medical report with this application from a certified medical practioner.)

DECLARATION BY THE APPLICANT

I declare that the information provided with this application are true and correct. I understand that CUCMS reserves the right to vary or reverse any decision regarding admission or enrollment made on the incomplete information. I also agree to abide by all CUCM's rules and regulations.

Signature of Applicant :

Date :

ENCLOSURES (Required documents)

The following document must be submitted together with application form.

- a) Certified true copy of :
 - i) SPM/SPMV/O'Level certificate and
 - ii) STPM / Matriculation / Foundation in Science / Diploma / certificate or
 - iii) Certificate (eg :MOHE,FDN)/ Diploma Cerificate/ Bachelor certificate with transcripts/ result of every semester
- b) A copy of NRIC and Birth Certificate
- c) Passport Size - Photo (1 Pc)
- d) Parent's / Guardian's EA form - Annual Income Statement / Salary Slip
- e) Crossed cheque / Bank Draft / Postal Order, payable to IN-FUSION EDUCATION SDN BHD, account no : 5144-9520-5475 for processing fee (non refundable) with the amount of RM 300.00

Upon completion, this form should be returned to (post/by hand):

**ADMISSION UNIT
CYBERJAYA UNIVERSITY COLLEGE of MEDICAL SCIENCES
Main Campus
No. 3410 Jalan Teknokrat 3
Cyber 4, 63000 Cyberjaya
Selangor Darul Ehsan, Malaysia**

**General Line : 603 - 8313 7000
Admission Unit : 603 - 8313 7091 / 7015 / 7020
Fax : 603 - 831603 - 8313 7090 / 7001**

<http://www.cybermed.edu.my>