

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

FOUNDATION IN SCIENCE (Medical/Pharmacy) KPT (JPS)600-07/65 (28)

DIPLOMA IN PARAMEDIC SCIENCE KPT (JPS)600-07/65 (50)

DIPLOMA IN OCCUPATIONAL SAFETY AND HEALTH JBT/BPP (U)1000-801/65 (32)

PERSONAL PARTICULARS

FULL NAME

(as in NRIC/Passport)

NRIC No.

(or Passport No.)

Nationality

Address

Postcode

State/Country

Contact No. (Home)

Hand phone 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	Home Tel.No	Company
	Home Fax No.	Occupation
	Mobile Phone No.	Annual Income
	Office Tel.No	Highest Education Level
	Office Fax No.	Email Address

MOTHER

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

Name (as in IC/Passport)

Address	Home Tel.No	Company
	Home Fax No.	Occupation
	Mobile Phone No.	Annual Income
	Office Tel.No	Highest Education Level
	Office Fax No.	Email Address

GUARDIAN

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

Name (as in IC/Passport)

Address	Home Tel.No	Company
	Home Fax No.	Occupation
	Mobile Phone No.	Annual Income
	Office Tel.No	Highest Education Level
	Office Fax No.	Email Address

ADDITIONAL INFORMATION

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

ACADEMIC QUALIFICATIONS & RECORD

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

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

SPM RESULTS

SPM YEAR

AGGREGATE

Subject/Grade

Bahasa Melayu

Biology

Bahasa Inggeris

Physics

Matematik

Chemistry

EST

Additional Mathematic

Others

ENGLISH LANGUAGE ACHIEVEMENT

TOEFL

IELTS

Malaysian University English Test (MUET)

Others (please state)

Name of Institution :

Score/Grade :

SCHOLARSHIPS, AWARDS OR SPECIAL ACADEMIC ACHIEVEMENTS

Date (mm/yy)	Achievements

EXTRA CURRICULAR ACTIVITIES

Activity	Level of Involvement

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 CUCMS'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/A'Level certificate or

iii) Certificate(eg :MOHE,FDN)/Diploma Cerificate/Bachelor certificate with transcripts/result of every semester

b) A copy of NRIC & 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 150.00

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 - 8313 7090 / 7001

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