



HOSTEL REGISTRATION FORM

By filling this form, you agree that Department of Student Affairs, KPJUC may collect, use and disclose your personal data, as provided in this form, or (if applicable) obtained by our organization as a result of your data, for the following purposes in accordance with the Personal Data Protection Act 2010 and our data protection policy (available at our website <http://www.kpiuc.edu.my>)

SECTION A:

1. Theory

Accommodation Required : Yes
 No (Fill up & submit form Leave of Hostel)

**PHOTO
(COMPULSORY)**

Type of Room :

Please Tick	Type	Capacity
	A	8-9 students
	B	6 students
	C	3 students

2. Clinical

Name of Hospital :

Duration of stay : until

Accommodation Required : Yes No (Fill up & submit form Leave of Hostel)

SECTION B:

Name (Capital letters)	:	<input type="text"/>
Programmed / Course	:	<input type="text"/>
Matric No	:	<input type="text"/>
NRIC/ Passport Number	:	<input type="text"/>
E-mail Address	:	<input type="text"/>
Contact No	:	<input type="text"/>
Marital Status:	:	<input type="text"/>
Gender	:	<input type="text"/>
Nationality/state	:	<input type="text"/>
Home address	:	<input type="text"/>
Postcode	:	<input type="text"/>
State	:	<input type="text"/>

Parent/Guardian details:

	Father	Mother
Name		
Contact No		
Occupation		
Income		

	Name	Occupation
Siblings (Brothers & Sisters)		

Name and address of next of kin that can be contacted during emergency:

Name	:	
Relationship	:	
Contact Number	:	
Address	:	
	:	

Medical Background:

Illness	:	
Allergic	:	
Blood Group	:	
Others	:	

Declaration:

I declare that the above information given is correct to the best of my knowledge and I agree to abide by the rules and regulations of the University College.

Signature

Date