

**ADMISSION GUIDELINE – POST BASIC PROGRAMMES**  
**INTAKE OF MARCH 2023 SESSION 2022/2023**

Date	Requirement
<b>Before 6<sup>th</sup> March 2023</b>	1. Submit Letter of Acceptance at <a href="https://bit.ly/AcceptanceMarch2023">https://bit.ly/AcceptanceMarch2023</a> 2. Fill in Financial Aid Declaration form at <a href="https://forms.gle/asxyYzJwiZLy6AuQA">https://forms.gle/asxyYzJwiZLy6AuQA</a> and upload a verification of employment letter (Sponsored letter) 3. Conduct Medical Check-up / Screening. Submit the report on 6 March 2023. (Medical Examination Form – Appendix 2)
<b>06 March 2023</b>	<b><u>Registration Day and Verification Certificates</u></b> Venue : Student Lounge KPJ Healthcare University College, Nilai Campus Time : 9.00 am – 1.00 pm 2.00 pm – 3.30 pm Attire : Casual (Kemeja / Baju Kurung)
<b>07 March 2023</b>	<b><u>New Students Briefing</u></b> Venue : Audi 1, Academic Blok, KPJ Healthcare University College, Nilai Campus Time : 9.00am to 4.30pm Attire : Casual (Kemeja / Baju Kurung) Tentative : Appendix 4





**KPJ HEALTHCARE**  

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**UNIVERSITY COLLEGE**  
(A Member of KPJ Healthcare Berhad Group)

**Admission Guidelines for  
Post Basic Programme**

**Intake of March 2023  
Session 2022/2023**

**Effective date: 2 January 2023**

**Department of Admission**

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## KPJ HEALTHCARE UNIVERSITY COLLEGE (KPJUC)

(Formerly known as PNC International College of Nursing and Health Sciences) is a subsidiary of KPJ Healthcare Berhad, a key private healthcare services provider.

Established on 1 April 1991, KPJUC has been right from the outset, a progressive and entrepreneurial institution of higher learning with an international vision, placing students at the core of the heart of everything it does. It offers academic programmes through 6 academic Faculty namely;

- 1. Graduate School of Medicine
- 2. School of Pharmacy
- 3. School of Nursing
- 4. School of Health Sciences
- 5. School of Business and Management
- 6. Centre for Global Professional & Social Development.

For more info:

<https://www.kpjuc.edu.my/aboutus/>

Congratulations!

Norul Huda Mohd Nasir  
Head,  
**Department of Admission**



### PHILOSOPHY

Towards a healthy and informed society through integration of healthcare education, research and comprehensive healthcare services.

### VISSION

The preferred healthcare education provider for academic excellence.

### MISSION

Towards a healthy and informed society through integration of health education, research and comprehensive healthcare services and lifelong learning.

### EDUCATIONAL GOAL

- 1. To provide sustainable education in health sciences which promotes the advancement of knowledge, critical and innovative thinking.
- 2. To produce competent, caring, eloquent and ethical healthcare professionals.
- 3. To inculcate leadership quality and ability to work as team members.
- 4. To promote lifelong learning.

## 1.0 DEPARTMENT OF ADMISSION

### 1.1 ADMISSION REGULATIONS

#### a) **Registration Process.**

The registration is only valid to the intake session mention in the letter of offer. Please ensure that all essential information is submitted prior to the Registration Day. New student must reporting as per mentioned on the Offer Letter, physical registration will take place at KPJUC's Nilai campus on **6 March 2023**

Department of Admission can be reach at 06-798 4420 / 4423 / 4484 (Registration & Admission)

To conduct the Medical Check-up/ screening at the hospital listed below (at own cost):

- i. Any KPJ Hospital; or
- ii. Any Government Hospital; or
- iii. Any Klinik Kesihatan

Please submit the required documents on **6 March 2023**. The documents are as follows:-

- i. 1 copy of Offer Letter
- ii. 1 copy of Letter of Acceptance
- iii. Resume or Confirmation Working Experience – Appendix 1
- iv. Medical Examination Report (with photo) – Appendix 2
- v. Student Personal Data Form (with photo) – Appendix 3
- vi. 2 pieces of passport size photo (write your name and programme at the back side)
- vii. 1 copy of student's IC\*
- viii. 1 copy of SPM certificate
- ix. 1 copy of Diploma / Bachelor certificates
- x. 1 copy of Certified Annual Practice Certificate (APC)
- xi. 1 copy of Certified "Perakuan Pendaftaran" Certificate

\*Kindly bring the original copy of the document for verification.

#### b) **Accommodation for Family During Registration (if necessary)**

Kindly contact Puan Nora Yahya (Consultant) at 012-340 2947 e-mail (norasiah\_yahya@yahoo.com) for accommodation booking arrangements.

## 2.0 DEPARTMENT OF FINANCE

### 2.1 Method of Payment

- a) Internet/Online Banking – JomPay from any local banks



Billar Code : 60277  
Ref-1 : Student IC No. (compulsory)  
Ref-2 : Phone No. (compulsory)

- b) Or pay the fee by Credit Card / Debit Card at Finance Department Counter located at level 3 Corporate office Building (Monday to Friday: 9.00 am – 4.00 pm).
- c) KPJUC do not accept any payment by cash.
- d) Attach the payment slip as evidence of your payment and email to ([acckpjic@kpiuc.edu.my](mailto:acckpjic@kpiuc.edu.my)) included Name & Courses & IC Student.

### 2.2 Tuition Fee

- a) Tuition fee will be invoiced based on semester basis.
- b) The fees must be paid before the final examination or Clinical posting of that particular semester.
- c) Students must show proof of payment within 3 days after the payment was made to the Department of Finance (please refer to item 2.1 above). Student account will only be updated once proof of payment is received.
- d) Receipt will only be issued for all successful transactions. Please keep your receipts for future reference.
- e) For inquiries related to billing, student may contact: Ms Hidayah/ Ms Syafirah at 013-3478340

### 2.3 Finance Policy

- a) Kindly forward any sponsorship letters (if any) to the Department of Finance for billing purposes.
- b) All sponsored students must pay the University immediately if the sponsor made the payment into the students' accounts.
- c) Students are required to settle the outstanding tuition fees upon commencing of new semester. Failing which KPJUC has the right to;
1. Block students' registration for the next new semester, or/and
  2. Block students' access to the final examination result of current semester, or/and
  3. Block students from taking the final examination.

d) Below is our Refund Policy if students withdraw from KPJUC with advanced payment.

No.	Point of Withdrawal or Drop	Type of Fee and Percentage of Refundable Fee (%)
		Tuition Fee
1.	Before Registration Day	100%
2.	Week 1 – Week 4 (Add drop period )	100%
3.	Week 5 – Week 12 After add drop period	50%
4.	Week 13 onward	Non Refundable

e) Refund application will be processed for students where the status is graduated, dropped or withdrew. No refund to will be processed for active & deferred student.

f) Credit balances within a student's individual account will not be remitted automatically. A student seeking a refund of his/her credit must do so by completing an "Application for Refund of Fees" with supporting document at KPJUC Finance Department.

### **3.0 DEPARTMENT OF STUDENT AFFAIRS**

#### **3.1 Insurance for Students**

- a) KPJ Healthcare University College provides students with in-patient medical insurance.
- b) The total coverage is RM5,000 per year and this amount is not inclusive of out-patient and follow-up cases.
- c) The purpose is to ensure students are medically covered during their studies and practical training.
- d) It can be utilized either at public or private hospitals.
- e) Students must follow the policy for in-patient coverage and liaise with the Student Affairs Department before admission into hospital.

#### **3.2 Dress Code / Ethics**

- a) The dress code for students on campus must be adhered at all time.
- b) The sample of attires by School/programme are shown in the Students' Handbook.
- c) The attire must be neat and proper at all time.

#### **3.3 Hostel Accommodation**

- a) Students accommodation will be provided during:
  - On Campus (During theory session at KPJUC)
  - Off Campus (During Practical Session)
- b) For Bachelor students, accommodation will only be provided during their first year of study. For the subsequent years, accommodation will be charged per semester depends on the vacancy and other terms by the Department of Student Affairs.
- c) Both Diploma and Foundation students are compulsory to stay in the hostel throughout their study. Students may apply to stay outside the campus with permission from Department of Student Affairs.
- d) Basic facilities is provided (bed, mattress, wardrobe, study table and chair)
- e) Students are required to bring their own pillows, blankets, bed sheets and other personal items.
- f) Students are allowed to bring their own vehicles but they must apply for sticker from the "Unit Residential".
- g) Cooking is not permitted due to safety reasons.
- h) A comprehensive hostel regulations will be distributed during Orientation Week.

Department of Student Affairs can be reach at 06-794 2681 (General Inquiry) / 019-895 3226 (Hostel).

## Frequently Asked Questions

ITEMS	<p><b><u>IMPORTANT NOTES FOR STUDENTS</u></b></p> <p><i>(The details are available at the Admission Guidelines – <a href="http://www.kpjuc.edu.my/download-forms/">www.kpjuc.edu.my/download-forms/</a> )</i></p>
1. Acceptance of Study	<ul style="list-style-type: none"> <li>• Please fill in <b>KPJUC Acceptance Letter (Page 2)</b> and upload to: <a href="https://bit.ly/AcceptanceMarch2023">https://bit.ly/AcceptanceMarch2023</a></li> </ul>
2. Tuition Fees	<ul style="list-style-type: none"> <li>• Department of Finance - Billing &amp; Payment (<b>013-3478340</b>) for all inquiries about fees. Department of Financial Aid - (<b>013-8482417</b>) for all inquiries about PTPTN and Scholarships.</li> </ul>
3. Medical Check-up	<ul style="list-style-type: none"> <li>• The fees varies based on Hospitals. It can be conducted at any <b><u>KPJ Group of Hospitals / Government Hospitals</u></b> and <b><u>“Klinik Kesihatan”</u></b>.</li> </ul>
4. Hostel	<ul style="list-style-type: none"> <li>• On-campus and within walking distance.</li> <li>• Our hostel is an apartment with 3 rooms (3 students per room)</li> <li>• Cooking is not allowed</li> <li>• Hostel is provided for the Foundation and Diploma students for the whole duration of studies (no additional charge)</li> <li>• Hostel is provided for the Bachelor students during their first year of study only. Student will be required to pay RM1500 per semester for their second year onwards. (Room subject to availability)</li> </ul>
5. ATM Machine	<ul style="list-style-type: none"> <li>• CIMB, MAYBANK and AM BANK (± 800m@Mydin Kota serimas)</li> </ul>
6. Change of Programme	<ul style="list-style-type: none"> <li>• Subject to approval by the Dean of School and upon meeting the entry requirement.</li> </ul>
7. Emergency Call	<ul style="list-style-type: none"> <li>• Warden : <b>06 - 794 2681</b> (office hours)</li> <li>• After office hours: Please refer to the “Emergency Contact List” at the Notice Board at every hostel blocks. <b><u>Our service is 24 hours.</u></b></li> </ul>
8. Student vehicle	<ul style="list-style-type: none"> <li>• Register your vehicle at the Department of Student Affairs</li> <li>• <b>RM5.00</b> per car/motorcycle sticker.</li> </ul>
9. Transport Terminal	<ul style="list-style-type: none"> <li>• Bus and Commuter Terminal at the Pekan Nilai Lama (±10km)</li> </ul>
10. Food stall	<ul style="list-style-type: none"> <li>• On campus café is ready between <b>(6.30 a.m. 10.00 p.m)</b></li> </ul>



## Confirmation or Working Experience

Note: Kindly complete the following information to confirm your employment status for requirement assessment entry to KPJ Healthcare University College and its affiliates.

### Personal and Academic Background

Name \_\_\_\_\_

IC No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email Address \_\_\_\_\_

Certificate/SPM/STPM/Foundation/Matriculation/Other foundation  
 Diploma       Bachelor       Master

Highest Qualification  
(please ✓ where necessary) \_\_\_\_\_

Name of Qualification \_\_\_\_\_

Institution \_\_\_\_\_

CGPA or Other overall score \_\_\_\_\_

Academic Programme Applied  
(refer to [kpjuc.edu.my](http://kpjuc.edu.my) for the details of programme) \_\_\_\_\_

### Working Experience (Cumulative Years)

Current Company \_\_\_\_\_

Department/Services \_\_\_\_\_

Position \_\_\_\_\_

Date of joined \_\_\_\_\_

Duration (in month : until today - please state the current date) \_\_\_\_\_

Contact no. \_\_\_\_\_

Confirmation by the Department  
of Human Resource / or other  
equivalent documents of evident

.....  
(Signature)

.....  
(Name)

(Official Stamping – Position or Company)

(Refer overleaf to record the additional working experience)



**Previous Company 1**

Department/Services \_\_\_\_\_

Position \_\_\_\_\_

Date of joined \_\_\_\_\_

Date of leaving \_\_\_\_\_

Duration of experience  
(in month) \_\_\_\_\_

Contact no. \_\_\_\_\_

(Official Stamping – Position or Company)

Confirmation by the Department  
of Human Resource / or other  
equivalent document of evident

.....  
(Signature)

.....  
(Name)

**Previous Company 2**

Department/Services \_\_\_\_\_

Position \_\_\_\_\_

Date of joined \_\_\_\_\_

Date of leaving \_\_\_\_\_

Duration of experience  
(in month) \_\_\_\_\_

Contact no. \_\_\_\_\_

(Official Stamping – Position or Company)

Confirmation by the Department  
of Human Resource / or other  
equivalent document of evident

.....  
(Signature)

.....  
(Name)

Note : Use separate form for additional companies

**Disclaimer:**

I hereby declared that the above information is true.

.....  
(Signature)

.....  
(Name)

(Date: .....)

**For Admission Department use:**

**Attended by** : .....

**Date received** : .....

**Total working experience:** .....

**Remarks** : .....

## MEDICAL EXAMINATION REPORT

### SECTION 1 (TO BE COMPLETED BY STUDENT: *Untuk diisi oleh calon*)

Full Name: (As in your IC / Passport - *Nama penuh seperti dalam no kad pengenalan / passport*)

: \_\_\_\_\_

Programme: \_\_\_\_\_

I/C Number (*No kad pengenalan*) / Passport NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

Age

<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>		

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Contact No. : \_\_\_\_\_

Marital Status :  *Single*  *Married*

### SECTION 2 (TO BE COMPLETED BY STUDENT: *Untuk diisi oleh calon*)

Please tick (✓) in the relevant box. Explain in full if you have any of the following illness.

*Sila tandakan (✓) dalam petak yang berkenaan. Perincikan.*

S/N	MEDICAL PROBLEM <i>Masalah kesihatan</i>	YES	NO	If 'YES' please state <i>Sekiranya 'YA' sila jelaskan</i>
1	Blood stained Sputum ( <i>Kahak berdarah</i> )			
2	Asthma ( <i>Lelah</i> )			
3	Tuberculosis ( <i>Batuk kering / Tibi</i> )			
4	Psychiatric problem / history ( <i>Sakit Jiwa</i> )			
5	Epilepsy ( <i>Sawan</i> )			
6	High Blood ( <i>Darah Tinggi</i> )			
7	Diabetes ( <i>Kencing Manis</i> )			
8	Tyroid Diseases ( <i>Penyakit Tiroid</i> )			
9	Systemic Lupus Erythematosus ( <i>SLE</i> )			
10	Other diseases of Lungs ( <i>Lain-lain penyakit paru-paru</i> )			
11	Joint pains ( <i>Sengal –sengal sendi</i> )			
12	Swelling of legs ( <i>Bengkak Kaki</i> )			
13	Giddiness ( <i>Pening Kepala</i> )			
14	Swelling of scrotum ( <i>Burut</i> )			
15	Migraine ( <i>Migrain</i> )			
16	Hysteria ( <i>Histeria</i> )			
17	Allergic ( <i>Alahan</i> )			
18	Heart ( <i>Jantung</i> )			
19	Kidney ( <i>Buah Pinggang</i> )			
20	Gastric			
21	HIV/AIDS			
22	Cancer ( <i>Barah</i> )			
23	Vebereal Diseases ( <i>Penyakit Kelamin</i> )			
24	Leukemia			
25	Hepatitis			
26	Major Depressive Disorder ( <i>MDD</i> )			

Affix  
passport size  
Photo here  
*Lekatkan gambar  
berukuran passport  
di sini*

Any other diseases or serious personal injury

(Penyakit –penyakit lain atau kecederaan diri yang mudarat) : -----

Have you been referred to a specialist? Give details

Adakah anda pernah di rujuk kepada doktor pakar ? Berikan penjelasan :

No/Tidak

Yes/Ya

-----  
-  
-----

### **DECLARATION BY CANDIDATE**

#### **PENGAKUAN CALON**

I hereby certify that the information given above is true. I understand that my application will be rejected if there is any false information given. (Saya mengesahkan bahawa maklumat yang diberikan di atas adalah benar. Saya faham bahawa pendaftara saya sebagai pelajar akan ditolak jika terdapat maklumat palsu yang diberikan).

-----

Signature of candidate

Date :

Tandatangan calon

Tarikh

\*The final decision for the medical screening examination is solely depending on the University College and the University College reserves the right to revoke the offer of admission if not fully supported by the doctor.

(Keputusan muktamad pemeriksaan perubatan kesihatan ini tertakluk kepada perakuan pihak Kolej Universiti dan pihak Kolej Universiti berhak membatalkan tawaran kemasukan pelajar sekiranya laporan kesihatan tidak disokong oleh Pegawai Perubatan.

### **SECTION 3 - PHYSICAL EXAMINATION: TO BE COMPLETED BY THE DOCTOR**

<b>1. BASIC MEASUREMENT</b>		<b>COMMENT</b>
1.1	HEIGHT (M)	
1.2	WEIGHT (KG)	
1.3	Body Mass Index (BMI) <ul style="list-style-type: none"> <li>• Less than 16.0 – Severely Underweight</li> <li>• From 16.0 to 18.5 – Underweight</li> <li>• From 18.6 to 25.0 – Normal Weight</li> <li>• From 25.1 to 30.0 – Overweight</li> <li>• From 30.1 to 35.0 – Moderately Obese</li> <li>• More than 35.0 – Severely Obese</li> </ul>	
<b>2. EXAMINATION OF TEETH</b>		
<b>3. EXAMINATION OF THROAT</b>		
<b>4. BLOOD PRESSURE</b>		
<b>5. EXAMINATION OF EYES</b>		
5.1	Vision Uncorrected	
5.2	Vision corrected with glasses / contact lenses	
5.3	Fundus examination	
<b>6. EXAMINATION OF EAR</b>		
6.1	Any discharge present	
6.2	Condition of drum	
6.3	Acuity of hearing	

<b>7. EXAMINATION OF CHEST ANY ABNORMALITY OF FORM</b>		
7.1	Expansion normal	
7.2	Equal on both sides	
7.3	Percussion	
7.4	Auscultation	
7.5	X-ray examination report ( <i>Please request for chest X-Ray only when required</i> )	
<b>8. EXAMINATION OF BREAST</b>		
1.1	Any lumps detected	
<b>9. CONDITION OF HEART</b>		
9.1	Phythm	
9.2	Character of impulse at apex	
9.3	Position of apex beat	
9.4	Any change in size	
9.5	Any murmurs present	
<b>10. PULSE</b>		
10.1	Rate	
10.2	Character	
10.3	Any evidence of arterial changes	
<b>11. ABNORMALITIES OTHER ORGANS</b>		
11.1	Liver	
11.2	Spleen	
11.3	Abdomen	
<b>12. EXAMINATION OF URINE</b>		
12.1	Specific gravity	
12.2	Albumin	
12.3	Sugar	
12.4	Microscopic examination of deposit	
<b>13. BLOOD EXAMINATION</b>		
13.1	H.I.V Screening	
13.2	Hepatitis B Screening	
13.3	Hepatitis C Screening	
<b>14. EXAMINATION OF REFLEXES</b>		
14.1	Condition of patellar reflexes	
14.2	Condition of ankle reflexes	
14.3	Condition of plantar reflexes	
14.5	Are pupils equal	
14.6	Do the pupils react to light	
14.7	Do the pupils react to accommodation	
14.8	Any sensory loss	

**SECTION 4 - ENDORSEMENT BY THE MEDICAL OFFICER**

*(Please tick (✓) in the appropriate box*

I hereby certify that I have examined the person and I found that he / she (please select) is;

- in good health;
- having the following medical complication(s) / undergoing treatment for (please state)

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and (please select):       **NOT FIT**               **FIT**

To undergo training as a student at KPJ Healthcare University College.

Signature of Doctor      :      -----

Name of Doctor            :      -----

Qualification              :      -----

Official Stamp            :      -----

Date                         :      -----

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Remarks by the University officers:



By filing-in this form, you agree that KPJ Healthcare University College may collect, use and disclose your personal data, as provided in this form, or (if applicable) obtained by our organisation 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>)

**STUDENT PERSONAL DATA**  
**(BORANG MAKLUMAT PELAJAR)**

**Photo**  
**Please Affix**  
**Here**

**A. PROGRAMME**

PROGRAMME NAME	
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**B. PERSONAL INFORMATION (STUDENT)**  
**MAKLUMAT PERIBADI (PELAJAR)**

FULL NAME (as in ID CARD / PASSPORT) <i>Nama penuh (seperti dalam kad pengenalan)</i>	
ID NUMBER / PASSPORT NUMBER <i>(Nombor kad pengenalan)</i>	
DATE OF BIRTH ( <i>Tarikh lahir</i> )	
ID COLOUR ( <i>Warna IC – untuk warganegara sahaja</i> )	
NATIONALITY ( <i>Kewarganegaraan</i> )	
GENDER ( <i>Jantina</i> )	
RACE ( <i>Bangsa</i> )	
RELIGION ( <i>Agama</i> )	
MARITAL STATUS ( <i>Status perkahwinan</i> )	
NO. OF SIBLINGS ( <i>Bil. adik beradik termasuk anda</i> <i>Anda anak yang ke berapa? [ ]</i> )	
CONTACT NO. (HOUSE) ( <i>Nombor telefon rumah</i> )	
MOBILE PHONE NUMBER ( <i>Nombor telefon bimbit</i> )	
E-MAIL ADDRESS ( <i>e-mel</i> )	
FAMILY INCOME <i>(Pendapatan isi rumah – semua yang bekerja)</i>	<input type="checkbox"/> < 1,000 <input type="checkbox"/> 2,500 3,500 <input type="checkbox"/> 1,000 - 2,500 <input type="checkbox"/> > 3,500 -5,000 <input type="checkbox"/> 5,000 and above
OKU STATUS ( <i>Status OKU</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
CURRENT MAILING ADDRESS <i>(Alamat surat menyurat yang terkini)</i>	
POSTCODE ( <i>Poskod</i> )	
CITY ( <i>Bandar</i> )	
STATE ( <i>Negeri</i> )	

**CO-CURRICULUM ACTIVITY (AKTIVITI KO-KURIKULUM)**

<b>ACTIVITY</b> <i>(Nama aktiviti)</i>	<b>POSITION/ACHIEVEMENT</b> <i>(Jawatan atau Pencapaian)</i>	<b>YEAR INVOLVED</b> <i>(Tahun aktif)</i>

**C. SPOUSE INFORMATION (IF MARRIED)****MAKLUMAT PERIBADI PASANGAN (SEKIRANYA BERKAHWIN)**

FULL NAME (SAME AS ID CARD / PASSPORT) <i>(Nama penuh (sama seperti dalam kad pengenalan / pasport))</i>	
NRIC NUMBER / PASSPORT NUMBER <i>(Nombor kad pengenalan / nombor pasport)</i>	
NATIONALITY <i>(Kewarganegaraan)</i>	
PERMANENT ADDRESS <i>(Alamat Tetap)</i>	
MOBILE NUMBER <i>(Nombor Telefon Bimbit)</i>	
OCCUPATION <i>(Pekerjaan)</i>	

**D. PARENTS PERSONAL INFORMATION (MAKLUMAT PERIBADI IBU DAN BAPA)****FATHER (BAPA)/ GUARDIAN (PENJAGA)**

FULL NAME (SAME AS ID CARD / PASSPORT) <i>(Nama seperti dalam kad pengenalan / pasport)</i>	
NRIC NUMBER / PASSPORT NUMBER <i>(Nombor kad pengenalan / nombor pasport)</i>	
COLOUR <i>(Warna)</i>	
NATIONALITY <i>(Kewarganegaraan)</i>	
RACE <i>(Bangsa)</i>	
RELIGION <i>(Agama)</i>	
PERMANENT ADDRESS <i>(Alamat Tetap)</i>	
CONTACT NUMBER (HOUSE) <i>(Nombor Telefon Rumah)</i>	
MOBILE NUMBER <i>(Nombor Telefon Bimbit)</i>	
OCCUPATION <i>(Pekerjaan)</i>	
EMPLOYER'S ADDRESS <i>(Alamat Majikan)</i>	



TELEPHONE NO. (OFFICE) <i>(No Telefon (Pejabat))</i>	
FAX NUMBER <i>(No. Faks)</i>	

**MOTHER (IBU)**

FULL NAME (SAME AS ID CARD / PASSPORT) <i>(Nama seperti dalam kad pengenalan / pasport)</i>	
NRIC NUMBER / PASSPORT NUMBER <i>(Nombor kad pengenalan / nombor pasport)</i>	
COLOUR <i>(Warna)</i>	
NATIONALITY <i>(Kewarganegaraan)</i>	
RACE <i>(Bangsa)</i>	
RELIGION <i>(Agama)</i>	
PERMANENT ADDRESS <i>(Alamat Tetap)</i>	
CONTACT NUMBER (HOUSE) <i>(Nombor Telefon Rumah)</i>	
MOBILE NUMBER <i>(Nombor Telefon Bimbit)</i>	
OCCUPATION <i>(Pekerjaan)</i>	
EMPLOYER'S ADDRESS <i>(Alamat Majikan)</i>	
TELEPHONE NO. (OFFICE) <i>(No Telefon (Pejabat))</i>	
FAX NUMBER <i>(No. Faks)</i>	

**E. EMERGENCY CONTACT****MAKLUMAT PERIBADI – SELAIN IBU BAPA (KECEMASAN)**

FULL NAME (SAME AS ID CARD / PASSPORT) <i>(Nama penuh (sama seperti dalam kad pengenalan / pasport))</i>	
RELATIONSHIP <i>(Hubungan dengan pelajar)</i>	
PERMANENT ADDRESS <i>(Alamat Tetap)</i>	
CONTACT NUMBER (HOUSE) <i>(Nombor Telefon (Rumah))</i>	
MOBILE NUMBER <i>(Nombor Telefon Bimbit)</i>	
TELEPHONE NO. (OFFICE) <i>(No Telefon (Pejabat))</i>	
FAX NUMBER <i>(No. Fax)</i>	

I CERTIFY THAT THE INFORMATION PROVIDED IN THE FORM IS CORRECT AND COMPLETE. I ACKNOWLEDGE THAT THE SUBMISSION OF INCORRECT OR INCOMPLETE INFORMATION MAY RESULT IN TERMINATED OF ADMISSION AT ANY STAGE DURING THE COURSE AT KPJ HEALTHCARE UNIVERSITY COLLEGE.

*Saya mengaku bahawa segala maklumat yang diberikan di dalam borang ini adalah betul dan tepat. Saya mengakui juga bahawa sekiranya terdapat sebarang maklumat palsu atau tidak lengkap boleh menyebabkan saya diberhentikan daripada meneruskan pengajian di KPJ Healthcare University College*

STUDENT SIGNATURE : .....

*Tandatangan pelajar*

DATE : .....

*Tarikh*

**IMPORTANT NOTE:  
YOU ARE REQUIRED TO NOTIFY ADMISSION DEPARTMENT OF ANY  
CHANGES TO YOUR STUDENT PERSONAL DATA INFORMATION  
IMMEDIATELY.**



**TENTATIVE OF ORIENTATION WEEK FOR  
POST-BASIC PROGRAMME OF MARCH 2023 INTAKE SESSION 2022/2023**

**Date : 7 March 2023**

**Venue : Audi 1, Academic Block B**

TIME	ACTIVITY	ACTION BY
9.30am – 10.00am	ADMISSION & RECORD	HEAD OF DEPARTMENT
10.00am – 10.30am	EXAMINATION DEPARTMENT	HEAD OF DEPARTMENT
<b>10.30am – 11.00am</b>	<b>BREAK</b>	
11.00am – 12.00pm	STUDENT AFFAIRS	HEAD OF DEPARTMENT
12.00pm – 12.30pm	RESOURCE CENTRE	HEAD OF DEPARTMENT
12.30pm – 1.00pm	FINANCE SERVICES	HEAD OF DEPARTMENT
<b>1.00pm – 2.30pm</b>	<b>BREAK</b>	
2.30pm – 3.30pm	ITEL PLATFORM	CITE & PROGRAMME COORDINATOR
3.30pm – 4.30pm	SESSION WITH COUNSELOR	KPJUC COUNSELOR
<b>4.30PM</b>	<b>END OF DAY 1</b>	

**Date : 8 March 2023**

**Venue : Audi 1, Academic Block B**

TIME	ACTIVITY	ACTION BY
9.30am – 10.00am	SESSION WITH DEAN, SCHOOL OF NURSING	DEAN, SCHOOL OF NURSING
<b>10.00AM</b>	<b>END PROGRAMME</b>	