



UMS LINK CENTER FOR PROFESSIONAL DEVELOPMENT

(Managed by UMS Link Holdings Sdn. Bhd. Co. No. 484355-K)

Lot 64 & 65, Block K, K-0-2, Alamesra Plaza Utama, Jalan UMS,
88400 Kota Kinabalu, Sabah. Tel: 088-487 311 Fax: 088-487 331

APPLICATION FORM

RECENT
PHOTOGRAPH

PROGRAM APPLIED FOR: _____

A. PERSONAL PARTICULARS

NAME:								
NEW IC NO:				IC NO/PASSPORT NO:				
POSTAL ADDRESS:								
CONTACT DETAILS:	HOME:			FAX NO:				
	OFFICE:			EMAIL 1:				
	MOBILE:			EMAIL 2:				
PLACE OF BIRTH:				AGE:				
MARITAL STATUS:				GENDER:	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
NATIONALITY:				NO. OF DEPENDENTS:				

B. ACADEMIC ACHIEVEMENT

NAME OF INSTITUTION College/Polytechnic/University	YEAR ATTENDED		NAME OF DIPLOMA / DEGREE AWARDED	CLASS OF HONOURS/CGPA
	FROM	TO		

ENGLISH LANGUAGE PROFICIENCY

WRITTEN: Excellent Good Fair

ORAL: Excellent Good Fair

POSITION	PERIOD OF EMPLOYMENT		NAME & ADDRESS OF EMPLOYER	RESPONSIBILITY
	FROM	TO		

D. OTHER QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS

INSTITUTION	YEAR	EXAMINATION	RESULT

E. EXTRA-CURRICULAR ACTIVITIES

SCHOOL/COLLEGE/UNIVERSITY	YEAR	ACTIVITIES

F. FINANCIAL SUPPORT (How do you intend to finance your study)

TYPE OF SPONSORING	SPONSOR NAME	(✓)
SELF-SPONSOR		
COMPANY-SPONSOR		
BANK LOAN		
EPF WITHDRAWAL		
OTHER (Please Indicate)		

G. IN CASE OF EMERGENCY

NAME:			
ADDRESS:			
OCCUPATION:		RELATIONSHIP:	
TELEPHONE (H):		MOBILE:	

H. DECLARATION

I hereby declare that all information stated in this form is correct and true and I understand that UMS Link Centre for Professional Development has the right to reject this application, revoke the course offered or terminate my studies in UMS Link Centre for Professional Development at any time if any information or certificates given are found to be false.

APPLICANT'S SIGNATURE: _____

DATE: _____

I. CHECKLIST FOR APPLICANT

NO	DOCUMENTS	REMARKS	(✓)
1.0	Program Fee	Cash / Postal Order / Money Order	
2.0	Processing Fee (RM 100.00)	Cash / Postal Order / Money Order	
3.0	Application Form	To be filled-up completely	
4.0	Identification Card (IC) or Passport	2 copies (to be verified)	
5.0	SPM Certificate	2 copies (to be verified)	
6.0	STPM Certificate (if any)	2 copies (to be verified)	
7.0	Matriculation / Certificate (if any)	2 copies (to be verified)	
8.0	Diploma Certificate	2 copies (to be verified)	
9.0	Diploma Transcript	2 copies (to be verified)	
10.0	Degree Certificate	2 copies (to be verified)	
11.0	Any other Certificate	2 copies (to be verified)	
12.0	Passport-sized Photo	4 copies	

- Payment should be made payable to **UMS LINK HOLDINGS SDN. BHD.** Maybank account number **5101 4304 6502**

J. (FOR OFFICE USE ONLY)

DOCUMENT RECEIVED ON: _____ COMPLETE INCOMPLETE

RESULT: OFFERED CONDITIONAL OFFER REJECTED

NOTES: _____

ACADEMIC COORDINATOR

SIGNATURE: _____ DATE: _____ OFFICIAL STAMP: _____