

PUTRA INTERNATIONAL CENTRE UNIVERSITI PUTRA MALAYSIA

43400 UPM Serdang, Selangor, Malaysia Tel: 603-9769 6048 / 6198 Email: visapass_docs@upm.edu.my

CHECKLIST FOR NEW STUDENT PASS (COME WITH VAL)

APPLICANT DETAILS (in capital letter)				
Full Name				
Passport No				

	Required documents	No. of	Please tick	
No.	*Please arrange the document according to the sequence given	сору	Applicant	Staff
1	Checklist for New Student Pass (Come With VAL) Application	1		
2	Visa & Pass Application (OPR/INTL/BR03/SVP)	1		
3	Copy of Visa Approval Letter (VAL)	1		
4	Copy of latest registration slip	2		
5	Copy of health / medical insurance cover notes (not applicable if the applicant bought the insurance via EMGS during VAL application)	2		
6	Original medical report and verification letter from University Health Centre, UPM	1		
7	Copy of medical report and verification letter from University Health Centre, UPM	1		
8	Receipt of payment (processing fee) to UPM (Refer to page 4) *note that the payment is based on the visa duration approved stated in VAL i. RM270 – 12 months (1 year) visa approval ii. RM300 – 24 months (2 years) visa approval iii. RM330 – 36 months (3 years) visa approval	2		
9	Original passport	-		

REMINDER:

- The applicant is required to submit all of the listed documents once the registration complete.
- Documents which **DO NOT** follows the specifications are deemed incomplete and will be rejected.
- 3. Pease **DO NOT** staple your documents and photo, use a paper clip instead.
- 4. **DO NOT** make any travel plans until all application process have been completed. (Any request to expedite application processing will not be entertained by PIC.

Date	
Staff	

UPM UPM UNIVERSITI PUTRA MALAYSIA

OPERASI PERKHIDMATAN SOKONGAN

PUSAT ANTARABANGSA

Kod Dokumen: OPR/INTL/BR03/SVP

VISA AND PASS APPLICATION FORM

Please Tick (/)

New Student / VAL	Student Renewal	Special Pass	Invitation/ Release/ Claim Letter / Refund
New Dependent	Dependent Renewal	Transfer Sticker	Cancellation/ Shortening
Ikhtisas/Research Attachment	Staff	Staff Dependent	Student I-KAD Renewal/ Replacement

Student's / Staff's Particula	ars:
Full Name	:
Matric/Staff No.	:
Gender	: Male Female
Nationality	:
Programme	: Bachelor Master PhD
Programme Name	:
Passport No.	:
Passport Expiry Date	: dd mm yyyy
Mobile No.	÷
E-Mail	
(In capital letter)	:
Nearest Malaysia	
Embassy	<u>:</u>

NO. SEMAKAN : 02 NO. ISU : 01

DEPENDENT'S PARTICULARS:

Full Name	Passport No.	Passport Expiry Date	Social Pass Expiry Date	Relationship

dependents: sement).	student/working	pass/visit	pass	(New/	Renewal/	Special	Pass/	Shortening/	
Studen	nt/ Staff's Signatur	e						Date	•••••

I certify that all information given in this application is true and I have also submitted application for me

NO. SEMAKAN : 02 NO. ISU : 01

TARIKH KUATKUASA : 14/08/2020 2 drpd. 2

PAYMENT TO UPM

Country	Charge fee		
	1 year (12 months) - RM 270		
ALL COUNTRIES	2 years (24 months) – RM 300		
	3 years (36 months)- RM 330		

^{*}Kindly note that the charge fee is according to the duration approved stated in the Visa Approval Letter (VAL)

NAME OF BANK : CIMB

ACCOUNT NO : 8002155042

ACCOUNT NAME : UPM COLLECTION

PASSPORT NUMBERING AND PHOTOCOPY EXAMPLE

Please Number All the Copies to Avoid Missing Pages and Delay at EMGS

For Example: If Your Passport Has 60 Pages, Then On Each Page Of Your Photocopy Write The Page Numbers Per Total Pages, 1-2/60, 3-4/60 ... 59-60/60

If Your Passport Has 40 Pages, Then On Each Page Of Your Photocopy Write The Page Numbers Per Total Pages, 1-2/40, 3-4/40 ... 39-40/40



PHOTO GUIDELINE



EXAMPLE OF RECEIPT PAYMENT PAID AT BANK

Mayt	oank t-Cash	Taman Sri Serdang June 05, 2018 12:18:11	DEPOSIT / PLACEMENT / CREDIT / PAYMENT Name: ELUCATION NAMYSIA GLOBAL SERVICE Account / Card No. 5 1 000 15 6 2 3 4 1
Name:	EMGS ESCROW ACCOUNT	*EMGS ESCROW ACCOUNT	- Man. Dunt RM - 1 2 8 0 0 0
Account No.:	514057662341	ADIEU	T REELEN
Amount:	RM1,280.00	AMILLAND	VELLO
r ESCROW	ACCOUNT *EMGS ESCROW	*EMGS ESCROW ACCOUNT, ACCOUNT ACCOUNT, ACCOUNTS PAYI	Transaction Description
			Reference No. B R 0 8 8 1 6 7 9
			DEBIT Name:
			Account No. Amount RM
_J: 0002209	90181 567695 Sup ID: NA	Tell ID: 00022090	Please check and verify the transaction details before leaving the counter. The Bank shall not be responsible or liable for any failure to notify of any discrepancy(ies). This is a computer printout. CA 02/BCF/1215

