



CENTRE FOR POSTGRADUATE STUDIES
UNIVERSITI MALAYSIA KELANTAN
LOCKED BAG 36, 16100 PENGKALAN CHEPA
KELANTAN DARUL NAIM
PHONE NO : 09-771 7145 FAX NO: 09-771 7162

BORANG PENDAFTARAN PELAJAR PASCASISWAZAH (SEMESTER PERTAMA)
APPLICATION FORM FOR POSTGRADUATE STUDENTS (FIRST SEMESTER)

BAHAGIAN A (REKOD ASAS DAN ALAMAT PELAJAR) <i>PART A (BASIC RECORD AND STUDENT'S ADDRESS)</i>			
NAMA <i>Name</i>			
NO. K.P <i>IC No.</i>		NO. MATRIK <i>Matric No.</i>	
FAKULTI <i>Faculty</i>			
TAHUN/ PROGRAM PENGAJIAN <i>Year / Study Programme</i>			
JANTINA <i>Gender</i>			
KAUM <i>Race</i>		KETURUNAN <i>Ethnicity</i>	
NEGARA ASAL <i>Country of Origin</i>			
AGAMA <i>Religion</i>			
NEGERI LAHIR <i>State of Birth</i>		NEGERI MASTAUTIN <i>State of Residence</i>	
WARGANEGARA <i>Nationality</i>		TARIKH LAHIR <i>Date of Birth</i>	
DAERAH <i>District</i>		TARAF PERKAHWINAN <i>Marital Status</i>	
REKOD KESIHATAN <i>Health Record</i>	<p>I. KUMPULAN DARAH <i>Blood Type</i> _____</p> <p>II. PENYAKIT DIHADAPI <i>Disease Suffered</i> _____</p> <p>III. CACAT <i>Disability</i> _____</p> <p>IV. BUTA WARNA <i>Colour Blind</i> _____</p> <p>V. GAGAP <i>Stutter</i> _____</p> <p>VI. ALAHAN UBATAN <i>Drug Allergy</i> _____</p> <p>-JIKA 'YA' NYATAKAN:</p> <p><i>If 'Yes', Please State:</i> _____</p>		

BIASISWA/PINJAMAN <i>Scholarship/Loan</i>		NILAI BIASISWA/PINJAMAN <i>Value</i>													
ALAMAT SURAT MENYURAT <i>Mailing Address</i>															
NO. TELEFON <i>Phone No.</i>		NO. H.P. <i>H.P No.</i>													
NO. FAKS <i>Fax No.</i>		EMEL <i>Email</i>													
JENIS SEKOLAH (SPM) / SARJANA MUDA <i>Type of School (SPM) / Bachelor Level</i>															
NAMA IJAZAH <i>Degree Name</i>		JENIS SEKOLAH (SPM) <i>Type of School (SPM)</i>													
NAMA INSTITUSI TERAKHIR <i>Last Institution's Name</i>															
BIDANG <i>Field of Study</i>		TAHUN BERIJAZAH <i>Graduating Year</i>													
TEMPOH PENGAJIAN <i>Duration of Study</i>		PNGK <i>CGPA</i>													
PERINGKAT SARJANA (jika ada) <i>Master Level (if any)</i>															
NAMA IJAZAH <i>Degree Name</i>															
NAMA INSTITUSI TERAKHIR <i>Last Institution's Name</i>															
BIDANG <i>Field of Study</i>		TAHUN BERIJAZAH <i>Graduating Year</i>													
TEMPOH PENGAJIAN <i>Duration of Study</i>		PNGK <i>CGPA</i>													
KEPUTUSAN PEPERIKSAAN MUET/IELTS/TOEFL <i>Examination Results MUET / IELTS / TOEFL</i>															
TAHUN PEPERIKSAAN <i>Year of Examination</i>		KEPUTUSAN <i>Result</i>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> </table>							1	2	3	4	5	6
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BAHAGIAN B (BUTIR-BUTIR KO KURIKULUM)				
<i>Part B (Co-Curriculum Details)</i>				
	KEGIATAN/AKTIVITI LUAR <i>Outside Activity</i>	JENIS <i>Type</i>	JAWATAN <i>Position</i>	PERINGKAT <i>Level</i>
i.				
ii.				
iii.				
iv				
v				
vi.				

BAHAGIAN C (MAKLUMAT SUAMI/ISTERI/IBUBAPA/PENJAGA)*		
<i>Part C (Information Of Spouse/Parents/Guardians)*</i>		
	BUTIR-BUTIR <i>Details</i>	SUAMI/ISTERI/IBUBAPA/PENJAGA* <i>Spouse/Parents/Guardians Details*</i>
1.	NAMA <i>Name</i>	
2.	HUBUNGAN <i>Relationship</i>	
3.	NO H/P <i>H/P No</i>	
4.	EMEL <i>Email</i>	
5.	PEKERJAAN <i>Occupation</i>	
6.	JAWATAN <i>Position</i>	
7.	PENDAPATAN <i>Income</i>	
8.	TANGGUNGAN <i>Liability</i>	
9.	ALAMAT POS <i>Mailing Address</i>	
10	NO. TEL. <i>Phone No.</i>	
11	NO. TEL PEJABAT <i>Office Phone No.</i>	

*Potong yang tidak berkenaan

MAKLUMAT WARIS YANG BOLEH DIHUBUNGI KETIKA KECEMASAN*Relatives To Be Contacted In Case Of Emergency*

II	BUTIR-BUTIR <i>Details</i>	SAUDARA PERTAMA <i>First Family Member</i>	SAUDARA KEDUA <i>Second Family Member</i>
1.	NAMA <i>Name</i>		
2.	HUBUNGAN <i>Relationship</i>		
3.	NO. TEL. <i>Phone No.</i>		
4.	NO. TELEFON PEJABAT <i>Office Phone No.</i>		
5.	ALAMAT POS <i>Mailing Address</i>		

IV PENGAKUAN

Saya mengaku bahawa keterangan dan butir-butir (termasuk pindaan) yang terdapat dalam borang ini adalah benar. Saya akan memberitahu Universiti sekiranya berlaku sebarang perubahan maklumat di atas. Kegagalan saya berbuat demikian kesannya adalah di bawah tanggungjawab saya.

I declare that all information and details (including amendments) contained in this form are true. I will notify the University in the event of any change in the information above. My failure to do so, the effect is under my responsibility.

Tandatangan <i>Signature</i>		Tarikh <i>Date</i>	
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For office use:

Accepted by			
Signature		Date	