|  |  |  |  |  |  |  |  | 50 |  |  |  |  |
|--|--|--|--|--|--|--|--|----|--|--|--|--|
|  |  |  |  |  |  |  |  |    |  |  |  |  |

| 4A: Personal Particulars   |                                       |  |                                      |                      |  |  |  |  |  |  |
|--|---------------------------------------|--|--------------------------------------|----------------------|--|--|--|--|--|--|
| Please note that for S Pass holders, only the firs   |                                       | ALA CALAMANA AND AND AND AND AND AND AND AND AND | the S Pass card.                     |                      |  |  |  |  |  |  |
| Name: (as on travel document, excluding salutations, e.g. Mr, Miss, Professor, Doctor)   |                                       |  |                                      |                      |  |  |  |  |  |  |
| 5 H 1 V A K U M A R Y A L A G U N D A B A S A V A R A J U  |                                       |  |                                      |                      |  |  |  |  |  |  |
|  |                                       |  |                                      |                      |  |  |  |  |  |  |
| Alias:   |                                       |  |                                      |                      |  |  |  |  |  |  |
| 5. H. I. V. A Y B  |                                       |  |                                      |                      |  |  |  |  |  |  |
| Sex:*  | ☑ Male                                |  |                                      | 7                    |  |  |  |  |  |  |
| Marital Status:*   | Married                               | ☐ Separated                                      | Single                               | ☐ Widowed            |  |  |  |  |  |  |
| Please complete Part 6 of the application form if the  | foreign employee is 'Ma               | arried'.   |                                      |                      |  |  |  |  |  |  |
| Date of Birth - dd/mm/yyyy: Nationality:   |                                       |  |                                      |                      |  |  |  |  |  |  |
| 06/06/1986   |                                       | INDIAN   |                                      |                      |  |  |  |  |  |  |
| For Malaysian only:  Malaysian Old Identity Card Number: Malaysian New Identity Card Number:   |                                       |  |                                      |                      |  |  |  |  |  |  |
| Indian out to the fact that th |                                       |  |                                      |                      |  |  |  |  |  |  |
|  |                                       |  |                                      |                      |  |  |  |  |  |  |
| Malaysian Identity Card Colour:*   |                                       |  |                                      |                      |  |  |  |  |  |  |
| Country of Birth:  | · · · · · · · · · · · · · · · · · · · | State/Province of Birth                          | :                                    |                      |  |  |  |  |  |  |
| TNDIA  |                                       | KARNATAKA  |                                      |                      |  |  |  |  |  |  |
| Country of Origin: - country where the person ob-  | tained his first                      | State of Origin:                                 |                                      |                      |  |  |  |  |  |  |
| citizenship by birth or parentage  INDIA   |                                       | KARNATAK   | (A                                   |                      |  |  |  |  |  |  |
| Race:  | Religion:*                            | KIRKITITI  | 47                                   |                      |  |  |  |  |  |  |
| Nace.  | ☐ Buddhist                            | ☐ Christian                                      | ☐ Free Thinker                       | Hindu                |  |  |  |  |  |  |
| asian  | ☐ Muslim                              | Others   | Sikh                                 | ☐ Taoist             |  |  |  |  |  |  |
| If foreign employee's marital status is 'Married',   | please fill in the detail             | s below:   |                                      |                      |  |  |  |  |  |  |
| Is accompanying spouse a Singapore Citizen   | or Singapore Perma                    | nent Resident, Employn                           | nent/S Pass holder or V              | Vork Permit holder?* |  |  |  |  |  |  |
| ☐ Yes ☐ No   |                                       |  |                                      |                      |  |  |  |  |  |  |
| Name of spouse:  |                                       |  |                                      |                      |  |  |  |  |  |  |
| 1  |                                       |  |                                      | 62                   |  |  |  |  |  |  |
| U, N, D, I, G, A, N, A, L, U, N,   | ANJEGO                                | W.D.A. ,B.I.N                                    | 1, D, H, U, , ,                      |                      |  |  |  |  |  |  |
|  | nundarimentalian. ≥ €                 |  |                                      | 1                    |  |  |  |  |  |  |
|  |                                       | 1 1 1 1 1  | 1 1 1 1 1                            |                      |  |  |  |  |  |  |
| Spouse's FIN / NRIC Number:  | Spouse Identification                 | Type:*   | Spouse's Date of Birth - dd/mm/yyyy: |                      |  |  |  |  |  |  |
| G3406251Q  | FIN                                   | ☐ NRIC   | 22/08/1991                           |                      |  |  |  |  |  |  |
| 4B: Travel Document Information  |                                       |  |                                      |                      |  |  |  |  |  |  |
| Travel Document Type:*   |                                       |  |                                      |                      |  |  |  |  |  |  |
| AM 1997-15-59  | ernational Passport                   |  | ☐ Macau SAR Travel Permit            |                      |  |  |  |  |  |  |
|  | Date of Issue - dd/mm                 | n/yyyy:  | Date of Expiry - dd/mm/yyyy:         |                      |  |  |  |  |  |  |
| R2913213   | 26/                                   | 07/2017  | 25/                                  | 07/2027              |  |  |  |  |  |  |
|  | 607                                   |  |                                      |                      |  |  |  |  |  |  |

Period of Study - dd/mm/yyyy

□ Distance Learning

Has the foreign employee submitted supporting documents for this qualification before?\*

From:

Mode of Study:\*

| 4C: Residential Address  | in Singapore                          |                           |  |                      |                              |  |  |  |  |  |  |
|--|---------------------------------------|---------------------------|--|----------------------|------------------------------|--|--|--|--|--|--|
| Please note that if the reside<br>You can update the Ministry  |                                       |                           |  |                      | for this application.        |  |  |  |  |  |  |
| Is the foreign employee cu   | rrently staying in S                  | ingapore?*                |  |                      |                              |  |  |  |  |  |  |
| □ No. You do not need to provide any more details  |                                       |                           |  |                      |                              |  |  |  |  |  |  |
| Yes. Please fill in the  | address below:                        |                           |  |                      |                              |  |  |  |  |  |  |
| Correspondence Address   |                                       |                           |  |                      |                              |  |  |  |  |  |  |
| Block/House Number: Floor Number: Unit Number: Building Name:  |                                       |                           |  |                      |                              |  |  |  |  |  |  |
| 23 H   | 07-10                                 | 10                        | ESTELLA  | GARDENS              |                              |  |  |  |  |  |  |
| Street Name:   |                                       | A                         | and the second s | Pos                  | stal Code:                   |  |  |  |  |  |  |
| FLORA  | ROAD                                  |                           |  |                      | 5,0,9,7,3,9                  |  |  |  |  |  |  |
| NS TO A STATE OF THE STATE OF T |                                       |                           |  |                      |                              |  |  |  |  |  |  |
| PART 5-FOREIGN EMP   | LOYEE'S EDUCA                         | TION / MEMBERSHIP         | DETAILS  |                      |                              |  |  |  |  |  |  |
| Please fill in the two highest   | t qualifications that                 | were awarded to the fo    | reign employee Please not  | e that qualification | on is a key criterion in the |  |  |  |  |  |  |
| assessment of the foreign e  |                                       |                           |  |                      |                              |  |  |  |  |  |  |
| 5A: Education Details  |                                       |                           |  |                      |                              |  |  |  |  |  |  |
| (1) Awarding Body /Instituti   | ion/ University awar                  | ded the qualification     |  |                      | 54.                          |  |  |  |  |  |  |
| Country:   |                                       |                           | State/Province:  |                      |                              |  |  |  |  |  |  |
| INDIA  |                                       |                           | KARNATA  | KA                   |                              |  |  |  |  |  |  |
| Name:  |                                       |                           |  |                      |                              |  |  |  |  |  |  |
| VISVESVAR  | AYA TECHNI                            | OLOGICAL UNIV             | ERSITY   |                      |                              |  |  |  |  |  |  |
| Main Campus or Affiliating   |                                       |                           | Charles and Charle |                      |                              |  |  |  |  |  |  |
| DENDIF'S EDI   | UCATION 500                           | IETY OF ENG               | INEERING COLLE   | COF.                 |                              |  |  |  |  |  |  |
| Qualifications <sup>#</sup> : (e.g. for Hor  | nours Degree, state of                | lass/division; Diploma)   | LIVE CORE  | <i>0</i>  ~          |                              |  |  |  |  |  |  |
| The statement of the st | 1 .                                   |                           |  |                      |                              |  |  |  |  |  |  |
| Specialisation: (e.g. Civil en   | ELOR OF I                             | ENGINEERING               | Faculty: (e.g. Engineering   | )                    |                              |  |  |  |  |  |  |
|  |                                       | UNICATION                 |  |                      |                              |  |  |  |  |  |  |
| ELECTRONICS  | 1 151 A 150                           | OIVICHT LOIV              | ENGTNEERIN   | 6)                   |                              |  |  |  |  |  |  |
| Period of Study - dd/mm/yy   | 595                                   |                           | To: 26/05/200  | na                   |                              |  |  |  |  |  |  |
| From: 06/06/2004   | <u> </u>                              |                           | To: 16/05/200  | 7-1                  |                              |  |  |  |  |  |  |
| Mode of Study:*  | Distance Learning                     | ng 🖵 Full-1               | ime Part   | -Time                |                              |  |  |  |  |  |  |
| Has the foreign employee   | submitted supporti                    | ng documents for this     | qualification before?*   | Yes                  | □ No                         |  |  |  |  |  |  |
| (2) Awarding Body /Institut  | ion/ University awa                   | rded the qualification    |  |                      |                              |  |  |  |  |  |  |
| Country:   |                                       |                           | State/Province:  |                      |                              |  |  |  |  |  |  |
|  |                                       |                           |  |                      |                              |  |  |  |  |  |  |
| Name:  |                                       | a                         |  |                      |                              |  |  |  |  |  |  |
|  |                                       |                           |  |                      |                              |  |  |  |  |  |  |
| Main Campus or Affiliating   | College Attended                      | (Applicable only for Indi | a qualification)   |                      |                              |  |  |  |  |  |  |
|  |                                       |                           |  |                      |                              |  |  |  |  |  |  |
| Qualifications#: (e.g. for Hor   | nours Degree, state o                 | class/division; Diploma)  |  |                      |                              |  |  |  |  |  |  |
|  | 3                                     | 500                       |  |                      |                              |  |  |  |  |  |  |
| Specialisation: (e.g. Civil en   | naineerina)                           |                           | Faculty: (e.g. Engineering   | )                    |                              |  |  |  |  |  |  |
|  | · · · · · · · · · · · · · · · · · · · |                           |  | <b>S</b>             |                              |  |  |  |  |  |  |

To:

☐ Part-Time

☐ Yes

☐ No

☐ Full-Time