



MINISTRY OF EDUCATION AND CULTURE  
**UNIVERSITAS NEGERI MALANG (UM)**  
OFFICE OF INTERNATIONAL AFFAIRS

Jalan Semarang No. 5, Malang 65145  
Phone: +62 (0) 341 684759/ +62 (0) 341 551312 ext. 160  
Email: oia@um.ac.id; Web: oia.um.ac.id; um.ac.id/en

## Declaration

I, the undersigned below:

Name ..SIDDHARTHA KUNDOO.....

Place/Date of Birth :

...AHEDABAD,GUJRAT.....

Gender :

.....MALE.....

Passport Number :

.....N5298055.....

Email :

.....SIDDHARTHAKUNDOO5@GMAIL.CO

M.....

Mobile/Phone Number :

.....+91-..7424913711.....

Home Address : ....c-506 ..ANUSANDHAN APPARTMENT SEC 6 DWARKA ,NEW DELHI  
110075.....

Malang Address : Universitas Negeri Malang Jl. Semarang No. 5 Malang

Affirm that

1. I will be obliged to regulation and laws in Indonesia.
2. I will also not do any paid jobs or political parties during my study at State University of Malang/*Universitas Negeri Malang (UM)*.
3. I will comply with administrative and academic rules established by State University of Malang/*Universitas Negeri Malang (UM)*.
4. I will not drive motorized vehicles during stay in Indonesia without authorized driving license. Any injuries caused by reckless driving or accident will not be covered by University
5. I will be responsible for my own passport and visa, I will also give my passport 2 (two) weeks before expiry date of my visa to OIA office of UM. And also I will cover all costs related to immigration matters, including overstay.

I hereby certify that the information provided in this application is correct and accurate. I acknowledge that any incorrect or incomplete information will render this application and may result in cancellation of my offer and/or my enrolment. I understand that State University of Malang/*Universitas Negeri Malang*



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(UM) reserves the right to vary or reverse any decision regarding admission and enrolment made on the basis of incorrect or incomplete information.

Date \_\_\_\_14.05.2020\_\_\_\_\_  
(dd/mm/yy)

Signature

*Sid*

\_\_\_\_SIDDHARTHA KUNDO\_\_\_\_\_  
(full name)