



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

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Declaration

I, the undersigned below:

Name : ..SHAHZAD SHOUKAT.....
Place/Date of Birth :Swabi, PAKISTAN.....
Gender :Male.....
Passport Number : ..GS5191182.....
Email :shahzadshoukat.uop@gmail.com.....
Mobile/Phone Number :+6281386674246/+923149082658.....
Home Address :Mojo Tiga, 20 A, Universitas Airlangga..near Kampus B, Surabaya.....
Malang Address :

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

Date 11/03/2020
(dd/mm/yy)

Signature

SHAHZAD SHOUKAT
(full name)