



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

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**Declaration**

I, the undersigned below

Name

Saifur-Rehman

Place/Date of Birth

01/04/1992

Gender

Male

Passport Number

NS 915 7861

Email

Saif42586@gmail.com

Mobile/Phone Number

+92 308 5590570

Home Address

Darya Khan Kot Bhakkar Pakistan

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 27/03/2020  
(dd/mm/yy)

Signature Saifur

Saifur-Rehman  
(full name)