

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

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## **Declaration**

I, the undersigned below:

Name : Saddam Hussain.

Place/Date of Birth : Karachi

Gender : .Male

Passport Number : LR690254.

Email : Saddamsahito1@gmail.com

Mobile/Phone Number : +923405360905

Home Address 198- A adam road near old racecourse Karachi Pakistan

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

Date 4-30-2020 (dd/mm/yy)

Signature Saddam Hussain

Saddam Hussain (full name)