



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 : .....ZIN MIN TUN.....

Place/Date of Birth : .....11, November, 1998.....

Gender : .....Male.....

Passport Number : .....MD190480 .....

Email : .....zinnminntunn123@gmail.com.....

Mobile/Phone Number : .....+95 9788693506 .....

Home Address : .....No.27, Corner of Arnandar Pagoda ,Yangon, Myanmar .....

Malang Address : .....UM iCamp.....

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 **16. 3. 2020**  
(dd/mm/yy)

Signature

ZIN MIN TUN

(full name)