

# DAIKIN MALAYSIA GROUP SCHOLARSHIP PROGRAM CHECK LIST

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Full Name of Applicant (as per I/C) : \_\_\_\_\_  
 Contact No (House) : \_\_\_\_\_  
 (H/P) : \_\_\_\_\_  
 Email Address : \_\_\_\_\_

Please attach this **CHECKLIST** as the front page together with other documents in the following order :

- a Check List
- b Scholarship Application Form
- c Supporting Documents Listed As Follows:

Have you submitted the following documents?

Please tick ( ✓ )

(✓)

|   |  |  |
|---|--|--|
| 1 | Application Form   |  |
| 2 | Identity Card photocopy  |  |
| 3 | University Acceptance / Offer Letter photocopy                           |  |
| 4 | Academic Calendar (for the degree courses) photocopy                     |  |
| 5 | Statement of Course Fees from Bursar of University photocopy             |  |
| 6 | <b>Academic result (Photocopy):</b>                                      |  |
|   | *A.) University Academic Result (Only applicable for first year student) |  |
|   | B.) SPM/ SPMV  |  |
|   | C.) STPM/ Matriculation/ 'A' Level/ UEC/ Foundation/ 'O' Level           |  |
|   | D.) MUET/IELTS/1119/TOEFL  |  |
| 7 | Certificates of Co-Curriculum Activities photocopy                       |  |
| 8 | Others (if any)<br>Please state:   |  |

**Kindly ensure all required documents are attached.**

**Incomplete documents submission might not be processed.**



# DAIKIN MALAYSIA GROUP SCHOLARSHIP PROGRAM APPLICATION FORM

PASSPORT SIZE PHOTO

## Personal Details

|   |                          |           |                   |
|---|--------------------------|-----------|-------------------|
| 1 | Full Name<br>(as per IC) | NRIC No.  | Marital<br>Status |
|   | Nationality              | Mobile No | Home Tel<br>No    |
|   | Email<br>Address         |           |                   |

|                        |                   |
|------------------------|-------------------|
| Residential<br>Address | Post code: State: |
|------------------------|-------------------|

| Tertiary Education Details |   |
|----------------------------|---|
| University / College Name  | : |
| Course Name                | : |
| Course Duration            | : |

## Family Details

| Father                   |                        |                          |         | Mother                   |                        |                          |         |
|--------------------------|------------------------|--------------------------|---------|--------------------------|------------------------|--------------------------|---------|
| Full Name<br>(as per IC) |                        |                          |         | Full Name<br>(as per IC) |                        |                          |         |
| NRIC No.                 |                        |                          |         | NRIC No.                 |                        |                          |         |
| Age                      |                        |                          |         | Age                      |                        |                          |         |
| Residential<br>Address   | Post code: State:      |                          |         | Residential<br>Address   | Post code: State:      |                          |         |
| House Phone No           |                        |                          |         | House Phone No           |                        |                          |         |
| Mobile No                |                        |                          |         | Mobile No                |                        |                          |         |
| Occupation               |                        |                          |         | Occupation               |                        |                          |         |
| Working Status           | Working<br>Full Time   | Not Working<br>Part Time | Retired | Working Status           | Working<br>Full Time   | Not Working<br>Part Time | Retired |
| Name of Employer         |                        |                          |         | Name of Employer         |                        |                          |         |
| Address of Employer      | Telephone No<br>Fax No |                          |         | Address of Employer      | Telephone No<br>Fax no |                          |         |

3 3(a) Household Income Per Month : RM

3(b) Annual Gross Income of Parents (Latest Year)

|              | Father (RM) | Mother (RM) | Total (RM) |
|--------------|-------------|-------------|------------|
| Employment   |             |             |            |
| Business     |             |             |            |
| Rental       |             |             |            |
| Others       |             |             |            |
| <b>Total</b> |             |             |            |

**3(c) Family Expenditure**

| Types of Expenditure                                 | Monthly (RM) |
|--|--------------|
| House Installment / Rental                           |              |
| Food   |              |
| Electricity / Water                                  |              |
| Telephone  |              |
| Loan Repayment (car / motor-bike / appliances / etc) |              |
| Transportation                                       |              |
| Education  |              |
| Others (Please specify)                              |              |
| <b>Total</b>   |              |

**4**

| Siblings Information |     |        |              |                |                               |                                |                             |
|----------------------|-----|--------|--------------|----------------|-------------------------------|--------------------------------|-----------------------------|
| Full Name            | Age | Gender | Relationship | Marital Status | Occupation / Grade (if Study) | Company / School / Institution | Monthly Income (if working) |
|                      |     |        |              |                |                               |                                |                             |
|                      |     |        |              |                |                               |                                |                             |
|                      |     |        |              |                |                               |                                |                             |
|                      |     |        |              |                |                               |                                |                             |
|                      |     |        |              |                |                               |                                |                             |

**5** 5(a) Has/have any of your siblings(s) currently/previously received any Scholarship?

Yes ☐ No ☐

5(b) If YES, please state the following:

| Siblings' Scholarship Information |                                    |             |                        |                         |
|-----------------------------------|------------------------------------|-------------|------------------------|-------------------------|
| Full Name                         | Name of Organization / Institution | Course Name | Total Amount Per Annum | Course Duration (Years) |
|                                   |                                    |             |                        |                         |
|                                   |                                    |             |                        |                         |
|                                   |                                    |             |                        |                         |
|                                   |                                    |             |                        |                         |
|                                   |                                    |             |                        |                         |

**6** Physically Challenged Family Members (disability, diseases, impairs, etc) - IF ANY

| Full Name | Age | Relationship | Illness/Impairs | Duration |
|-----------|-----|--------------|-----------------|----------|
|           |     |              |                 |          |
|           |     |              |                 |          |
|           |     |              |                 |          |

**7** Do you have any siblings / relatives who are serving under Daikin Malaysia Group?

Yes ☐ No ☐

If yes, please give the details:

| Name (as per IC) | Contact No. | Relationship | Name of Company | Position | Years of services |
|------------------|-------------|--------------|-----------------|----------|-------------------|
|                  |             |              |                 |          |                   |
|                  |             |              |                 |          |                   |
|                  |             |              |                 |          |                   |

**Extra-Curricular Activities (Secondary School Onwards)**

|   |    |   |             |           |               |
|---|----|---|-------------|-----------|---------------|
| 8 | No | Associations / Societies / Club / Sport | From (Year) | To (Year) | Position Held |
|   | 1  |   |             |           |               |
|   | 2  |   |             |           |               |
|   | 3  |   |             |           |               |
|   | 4  |   |             |           |               |
|   | 5  |   |             |           |               |

**\*\* Please do not state position held in Associations / Societies / Club / Sport if no document is provided.**

#### Awards (Secondary School Onwards)

|   |    |                      |      |                |
|---|----|----------------------|------|----------------|
| 9 | No | Award(s) and Details | Year | Levels / Grade |
|   | 1  |                      |      |                |
|   | 2  |                      |      |                |
|   | 3  |                      |      |                |
|   | 4  |                      |      |                |
|   | 5  |                      |      |                |

#### Medical Conditions

10 10(a) Any physical disability (e.g. sight, hearing, speech)?

YES ☐ Please state: \_\_\_\_\_  
 NO ☐

10(b) Please quote Disabled (OKU) Identification Card number (where applicable):

Disabled (OKU) Identification Card number \_\_\_\_\_

10(c) Any previous illness / surgery?

YES ☐ Please state: \_\_\_\_\_  
 NO ☐

10(d) Any current illness?

YES ☐ Please state: \_\_\_\_\_  
 NO ☐

#### Working Experience

|    |                 |          |             |    |                   |                   |
|----|-----------------|----------|-------------|----|-------------------|-------------------|
| 11 | Name of Company | Position | Date Joined |    | Last Drawn Salary | Reason of leaving |
|    |                 |          | From        | To |                   |                   |
|    |                 |          |             |    |                   |                   |
|    |                 |          |             |    |                   |                   |
|    |                 |          |             |    |                   |                   |
|    |                 |          |             |    |                   |                   |
|    |                 |          |             |    |                   |                   |
|    |                 |          |             |    |                   |                   |
|    |                 |          |             |    |                   |                   |

#### Referees

**\*\*NOTE: NOT YOUR RELATIVES. PREFERABLY YOUR LECTURER(S) / TEACHER(S)**

12 Give **TWO** referees that are not related to you, who may attest to your achievements and qualifications:

| No | Name | Contact No. | Employer Name | Occupation | Relationship | No of Years Know |
|----|------|-------------|---------------|------------|--------------|------------------|
| 1  |      |             |               |            |              |                  |
| 2  |      |             |               |            |              |                  |

### Others

13 13(a) Were you a scholarship recipient before? YES ☐ NO ☐

13(b) Are you **RECEIVING** any financial assistance or sponsorship from other organization, institution, fund or foundation? YES ☐ NO ☐

If YES, please give details:

| Institution/Fund/Organization/Foundation (e.g. JPA, MARA, PETRONAS, PTPN, etc.) | Duration of Sponsorship |    | Amount Per Annum (RM) | Bond Period (if any) |
|---|-------------------------|----|-----------------------|----------------------|
|   | From                    | To |                       |                      |
| 1)  |                         |    |                       |                      |
| 2)  |                         |    |                       |                      |
| 3)  |                         |    |                       |                      |

13(c) Are you currently **APPLYING** any financial assistance or sponsorship from other organization, institution, fund or foundation? YES ☐ NO ☐

If YES, please give details:

| Institution/Fund/Organization/Foundation (e.g. JPA, MARA, PETRONAS, PTPN, etc.) | Duration of Sponsorship |    | Amount Per Annum (RM) | Bond Period (if any) |
|---|-------------------------|----|-----------------------|----------------------|
|   | From                    | To |                       |                      |
| 1)  |                         |    |                       |                      |
| 2)  |                         |    |                       |                      |
| 3)  |                         |    |                       |                      |

13(d) Have you applied for Daikin Malaysia Group scholarship before? YES ☐ NO ☐

13(e) Were you the recipient of the Daikin Malaysia Group scholarship before? YES ☐ NO ☐

13(f) Are you willing to serve an employment bond within any subsidiaries of Daikin Malaysia Group upon successful completion of studies? YES ☐ NO ☐

13(g) Are you willing to be an intern student under any subsidiaries of Daikin Malaysia Group during semester break? YES ☐ NO ☐

### Brief Explanation

14 Tell us why are you interested in getting the Daikin Scholarship? (in not more than 100 words)

### Declaration

15 Declaration of School / College / University

15(a) I hereby confirm that the applicant as mentioned above has given the correct and accurate information.

15(b) I hereby confirm that the applicant is our school student.

\_\_\_\_\_  
NAME  
Principal / Faculty Dean / Dept of Student Affairs

\_\_\_\_\_  
SIGNATURE  
Principal / Faculty Dean / Dept of Student Affairs

\_\_\_\_\_  
School / College /  
University Stamp

**16 Declaration of Applicant**

I hereby declare that the information given in this application form is complete, true and accurate. I understand that any information given falsely or withheld will affect the decision of my application, and may result in my ineligibility for the scholarship award. I understand that any misrepresentation of facts herein will be sufficient cause for the company to terminate the scholarship received by me.

\_\_\_\_\_  
Name:

IC No:

Date:

**OFFICE USE ONLY**

Reference No :

Rejected : ☐ YES ☐ NO

Shortlisted : ☐ YES ☐ NO

Date of Interview :

Awarded : ☐ YES ☐ NO