

DAIKIN MALAYSIA SCHOLARSHIP PROGRAM

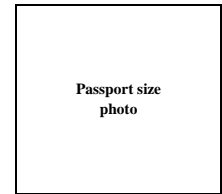
APPLICATION FORM (SCHOLAR)

Personal Details

1 **Full Name (as in IC)**

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NRIC No.		Gender	
Date of Birth/...../.....	Nationality	
Age		Race	
Marital Status		Religion	



Contact Info

Residential Address:

Post code: State:

House Phone No: 6 0 -

Mobile No: 0 1 -

E-mail Address:

Tertiary Education Details

University / College Name :

Course Name :

Course Duration :

Family Details

2

	Father		Mother
Full Name (as in IC)			Full Name (as in IC)
NRIC No.			NRIC No.
Age			Age
Residential Address			Residential Address
	Post code: State:		Post code: State:
House Phone No			House Phone No
Mobile No			Mobile No
Occupation			Occupation
Working Status	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Retired <input type="checkbox"/>		Working <input type="checkbox"/> Not Working <input type="checkbox"/> Retired <input type="checkbox"/>
	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
If not working, is it temporary	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Employer			Name of Employer
Address of Employer			Address of Employer
	Telephone No		Telephone No
	Fax No		Fax no

3 (a) Household Income Per Month: _____

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

	Father (RM)	Mother (RM)	Total (RM)
Employment			
Business			
Rental			
Others			
Total			

Extra-Curricular Activities

8	No	Associations / Societies / Club / Sport	From (Year)	To (Year)	Position Held

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

Awards

9	No	Award(s) and Details	Year	Levels / Grade

Medical Conditions

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

	NO	
	YES	Please state: _____

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

Disabled (OKU) Identification Card number: _____

10(c) Any previous illness / surgery?

	NO	
	YES	Please state: _____

10(d) Any current illness?

	NO	
	YES	Please state: _____

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:

12(a)

Name	
Address	
Employer Name	
Contact No	
Occupation	
Relationship	
No of Years Known	

12(b)

Name	
Address	
Employer Name	
Contact No	
Occupation	
Relationship	
No of Years Known	

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, PTPTN, 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, PTPTN, 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 school break? YES NO

Declaration

14 Declaration of School

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

14(b) I hereby confirm that the applicant is my school student.

NAME
PRINCIPAL / HEADMASTER / TEACHER

SIGNATURE
PRINCIPAL / HEADMASTER / TEACHER

SCHOOL STAMP

15 Declaration of Applicant

I, hereby declare that the information given in this application form is complete, true, 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:
I/C number :
Date :

OFFICE USE ONLY

Reference No : YES NO
 Rejected : YES NO
 Shortlisted : YES NO
 Date of Interview :
 Awarded : YES NO

DAIKIN MALAYSIA

SCHOLARSHIP PROGRAM

CHECK LIST

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 Application Form (Scholar)
- c Supporting Documents Listed As Follow:

Have you submitted the following documents?

Please tick (✓)

- 1 Application Form (Scholar)
- 2 Identity Card
- 3 School Leaving Certificates
- 4 School Testimonials
- 5 University Acceptance / Offer Letter
- 6 Academic Calendar (for the degree courses)
- 7 Statement of Course Fees from Bursar of University
- 8 Academic Results
 - a University Academic Result (Only applicable for first year student)
 - b Matriculation
 - c STPM
 - d 'A' Level
 - e UEC
 - f SPM
 - g SPVM
 - h 'O' Level results
 - i MUET
 - j IELTS
 - k 1119
 - l TOEFL
- 9 Parents' identity cards
- 10 Parents' proof of income for the past 2 years - Tax Assessment / EA
- 11 Parents' Salary Slip for the past 3 months
- 12 Disability Card / OKU Card
- 13 Disability Card / OKU Card - Physically Challenged Family Member
- 14 Letter from Principle certifying that the scholar is not holding any scholarship / grant / loan from other sources
- 15 Certificate of Co-Curriculum Activities

Please state:

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- 16 Others (if any)

	YES	NO
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