DAIKIN MALAYSIA SCHOLARSHIP PROGRAM

APPLICATION FORM (SCHOLAR)

Personal Details

NRIC No.	Full Name (as in IC)				
Age					
Date of Birth /					
Age Race photo Marital Status Religion Religion Contact Info Status Status House Phone No: 6 0 - House Phone No: 6 0 - House Phone No: 0 1 - Tertiary Education Details State: - University / College Name : - Course Name : -	NRIC No.		Gender		
Age Race photo Marital Religion Religion Contact Info Religion Status Contact Info Status Status Residential Address: Status Status Post code: Status Status House Phone No: 6 0 - Mobile No: 0 1 - F-mail Address: Image: Status Image: Status Image: Status Tertiary Education Details Image: Status Image: Status Image: Status Course Name : Image: Status Image: Status Image: Status					
Age Race Marital Status Religion Marital Status Religion Contact Info State: Residential Address: State: Post code: State: House Phone No: 6 0 - Mobile No: 0 1 - E-mail Address: Tertiary Education Details University / College Name : Course Name : : :	Date of Birth/.	/	Nationality		
Marital Status Religion Contact Info Religion Contact Info State: Residential Address:	4.00		Paus		photo
Status Religion Contact Info	Age		Kace		
Contact Info Residential Address: Post code: Post code: Nouse Phone No: 6 0 0 1 - E-mail Address: Tertiary Education Details University / College Name : Course Name :			Religion		
Residential Address:					
Residential Address:	Contact Info				
Post code: State: House Phone No: 6 0 - Mobile No: 0 1 - E-mail Address: - - Tertiary Education Details - University / College Name : - Course Name : -	Desidential Address				
Mobile No: 0 1 E-mail Address: - Tertiary Education Details - University / College Name : Course Name :	Residential Address.				
E-mail Address:	House Phone No:	60	-		
Tertiary Education Details University / College Name : Course Name :	Mobile No:	0 1	-		
University / College Name : Course Name :	E-mail Address:				
University / College Name : Course Name :					
Course Name :					
		:			
Course Duration :		:			
	Course Duration	:			

2

1

Family Details

					Full Name (as in IC)				
					NRIC No.				
					Age				
				Residential Address Post code:		State:	State:		
				House Phone No					
					Mobile No				
					Occupation				
orking	Not Working		Retired			Working	Not Working	Retired	
ll Time	Part Time				working Status	Full Time	Part Time		
ES	NO				If not working, is it temporary	YES	NO		
					Name of Employer				
lephone No									
orl 11 ' ES	king	king Not Working Time Part Time NO NO phone No	king Not Working Time Part Time No	king Not Working Retired	king Not Working Retired	Residential Address House Phone No Mobile No Occupation king Not Working Part Time Part Time NO If not working, is it temporary Name of Employer phone No	Residential Address Post code: Post code: House Phone No Mobile No Occupation King Not Working Part Time Part Time NO If not working, is it temporary YES Name of Employer phone No Address of Employer	Residential Address Post code:	Residential Address Post code: State: Image: State: House Phone No Mobile No Mobile No Occupation Occupation Time Part Time Part Time NO If not working, is it temporary YES NO No If not working, is it temporary YES NO Name of Employer Telephone No

3 3(a) Household Income Per Month:

 $\mathbf{3(b)}$ Annual Gross Income of Parents (Latest Year)

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

3(c)	Family	Expenditur	e
3(0)	1 anny	Expenditur	c

Types of Expenditure	Monthly (RM)
House Installment / Rental	
Electricity / Water	
Telephone	
Loan Repayment (car / motor-bike / appliances)	
Transport	
Education	
Others	
Total	

 $\mathbf{3}(\mathbf{d})$ If monthly income varies, please provide the average monthly income Average monthly income:

4
4

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

YES

NO

5 5(a) Has/have any of your siblings(s) currently/previously received any Scholarship? 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	YES NO			
	If yes, please give the details:			-	
	Name	Name of Company	Position	Grade	Years of services

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(b) 10(c)	Any physical disability (e.g., sight, hearin NO YES Please state: Please quote Disabled (OKU) Identificati Disabled (OKU) Identification Card num Any previous illness / surgery? NO YES Please state: NO YES Please state:	on Card number (where applicable): ber:						
				Working	g Experience				
		Date Joined							
11		Name of Company	Position	From	Date Joined To	Last Drawn Salar	y Reason of leaving		
						•	·		
	**1101				eferees				
	**NO	TE: NOT YOUR RELATIVES. PR	EFERABLY YOUR LECTURI						

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

2(a) Name	
Address	
Employer Name	
Contact No	
Occupation	
Relationship	
No of Years Known	

2(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? If YES, please give details:			YES	NO
	Institution/Fund/Organization/Foundation (e.g., JPA, MARA, PETRONAS, PTPTN, etc.)	Duration of Sp From	onsorship To	Amount Per Annum (RM)	Bond Period (if any)
	1) 2)				
	3)				
	13(c) Are you currently APPLYING any financial assistance or sponsorship from other organization, institution, fund or foundation If YES, please give details:	?		YES	NO
	Institution/Fund/Organization/Foundation (e.g., JPA, MARA, PETRONAS, PTPTN, etc.)	Duration of Sp From	onsorship To	Amount Per Annum (RM)	Bond Period (if any)
	1)	_			
	2) 3)				
	13(d) Have you applied for Daikin Malaysia Group scholarship before?		1	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	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	:		
Rejected	:	YES	NO
Shortlisted	:	YES	NO
Date of Interview	:		
Awarded	:	YES	NO
		-	-

DAIKIN MALAYSIA

SCHOLARSHIP PROGRAM

CHECK LIST

Full Name	e of A	Applicant (as per I/C) :				
Contact N	lo	(House):				
		(H/p) :				
Email Address :						
Please att	ach t	this CHECKLIST as the front page together with other documents in the following order :				
		ck List				
		olication Form (Scholar)				
		porting Documents Listed As Follow:				
	Hav	ve you submitted the following documents?				
		ick $()$ <u>YES NO</u>				
	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)				
		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				
		1 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				
		Disability Card / OKU Card - Physically Challenged Family Member				
	14 15	Letter from Principle certifying that the scholar is not holding any scholarship / grant / loan from other sources Certificate of Co-Curriculum Activities				
	15	Please state:				
	16	Others (if any)				