

DAIKIN MALAYSIA GROUP SCHOLARSHIP PROGRAM APPLICATION FORM

Personal Details 1 Full Name Marital NRIC No. Status (as per IC) Home Tel Nationality Mobile No No Email Address Residential Address Post code: State: **Tertiary Education Details** University / College Name Course Name **Course Duration Family Details** 2 Father Mother Full Name Full Name (as per IC) (as per IC) NRIC No. NRIC No. Age Age Residential Residential Address Address Post code:_ State: Post code: State: House Phone No House Phone No Mobile No Mobile No Occupation Occupation Working Not Working Working Not Working Retired Retired Working Status Working Status Part Time Full Time Full Time Part Time Name of Employer Name of Employer Address of Employer Address of Employer Telephone No Telephone No Fax No Fax no

3 3(a) Household Income Per Month <u>RM</u>

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

PASSPORT SIZE PHOTO

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)	
Total	

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? 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 🗌

Yes

No 🗌

f yes, please give the details:								
Name (as per IC)	Contact No.	Relationship	Name of Company	Position	Years of services			

Extra-Curricular A	Activities (Secondary	v School ((nwarde)
LALIA-Cullicular	ACTIVITIES ((Deconual)	y Benoul	On war us)

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		

YES

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

Disabled (OKU) Identification Card number :

	10(c) Any previous illness /	surgery?	
	YES NO	Please state:	
	10(d) Any current illness?		
	YES NO	Please state:	
			Working Experier
1			Date Joined

11	Name of Company	Position	Date Joined		Last Drawn Salary	Reason of leaving
	Name of Company	rosition	From	То	Last Drawn Salary	Reason of leaving

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Referees

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

 $12 \ \ \text{Give TWO} \ \text{referees that are not related to you, who may attest to your achievements and qualifications:}$

	No	Name	Name Contact No. Emp		oyer Name Occupation		Relationship	No of Years Know				
	1											
	2											
13	13(a)	Others Were you a scholarship recipient before? YES No										
	13(b)	b) Are you RECEIVING any financial assistance or sponsorship from other organization, institution, fund or foundation?										
	If YES, please give details:											
		Institution/Fund/Organization/Found PETRONAS, PTPTN	RA, –	From	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? YES											
	1	If YES, please give details: Institution/Fund/Organization/Foundation	Amount Per	Bond Period								
		PETRONAS, PTPTN			From	То	Annum (RM)	(if any)				
		1)										
		2)										
		3)										
	13(d)	I3(d) Have you applied for Daikin Malaysia Group scholarship before? YES										
	13(e)	Were you the recipient of the Daikin Malaysia Group scholarship before?										
	13(f)	Are you willing to serve an employment bond within any subsidiaries of Daikin Malaysia Group upon successful completion of studies?										
	13(g)	Are you willing to be an intern student under	any subsidiaries of Da	aikin Mala	ysia Group	during semester	break? YES	NO				
14	Tell u	s why are you interested in getting the Daikin	Brief Ex Scholarship? (in not a									
14		is why are you interested in getting the Darkin	Senoral sinp : (in not i	nore man	roo 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					
Reference No	:				
Rejected Shortlisted	: YES	NO NO			
Date of Interview	:				
Awarded	: 🗌 YES	NO			