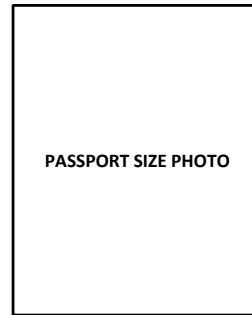




DAIKIN MALAYSIA GROUP SCHOLARSHIP PROGRAM APPLICATION FORM



Personal Details

1 Full Name (as per IC)		NRIC No.		Marital Status	
Nationality		Mobile No		Home Tel 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 (as per IC)		Full Name (as per IC)	
NRIC No.		NRIC No.	
Age		Age	
Residential Address	Post code: _____ State: _____	Residential Address	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"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Working Status	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Retired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Name of Employer		Name of Employer	
Address of Employer	Telephone No _____ Fax No _____	Address of Employer	Telephone No _____ 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			
Total			

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/previoursly 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

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 (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 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