

DAIKIN MALAYSIA GROUP 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 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	Academic result (Photocopy):	
	*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) 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 (as per IC)	NRIC No.	Marital Status
	Nationality	Mobile No	Home Tel No
	Email Address		

Residential Address	Post code: State:
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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 Full Time	Not Working Part Time	Retired	Working Status	Working Full Time	Not Working Part Time	Retired
	Name of Employer				Name of Employer			
	Address of Employer	Telephone No			Address of Employer	Telephone No		
		Fax 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/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

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

Awards (Secondary School Onwards)

9

Medical Conditions

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

YES ☐

NO ☐

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

Disabled (OKU) Identification Card number : _____

10(c) Any previous illness / surgery?

YES ☐

NO ☐

10(d) Any current illness?

YES ☐

NO ☐

Working Experience

11

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/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/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