| PERSONAL INFORMATION SHEET | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STUDENT INFORMATION | | | | | | | | | | | |
| Name: | | | | | | | | | | | Picture with  Blue Background |
| Sex: Male Female *(please circle)* | | | | | Matric. No: | | | | | |
| Date of birth: | | | Place of Birth: | | | I/C or Passport No: | | | | |
| Nationality: | | | | | Mobile Phone: | | | | | |
| Current address: | | | | | | | | | | |
| City: | | | | State: | | | | Postcode: | | |
| Permanent address: *(as in I/C)* | | | | | | | | | | |
| City: | | | | | State: | | | | | | Session: 2019/2020 |
| Postcode: | | | | Marital Status: | | | Race: | | | | Religion: |
| Disability (if any) : | | | | | | | | | | | |
| Email Address: @siswa.um.edu.my | | | | | | | Optional Email: | | | | |
| Latest ACADEMIC INFORMATION | | | | | | | | | | | |
| From | To | Institutions | | | | | | | Qualification (Year and CGPA) | | |
|  |  |  | | | | | | |  | | |
|  |  |  | | | | | | |  | | |
| **FINANCIAL SPONSORSHIP** | | | | | | | | | | | |
| Institution/Agency: | | | | | | | Amount Per Annum: | | | | |
| cO – CURRICULAR ACTIVITIES | | | | | | | | | | | |
| 1. | | | | | | | 3. | | | | |
| 2. | | | | | | | 4. | | | | |
| Emergency Contact INFORMATION (PARENT/GUARDIaN) | | | | | | | | | | | |
| Name: | | | | | | | | | | | |
| Address: | | | | | | | | | | Phone: | |
| City: | | | | | State: | | | | | Postcode: | |
| Occupation: | | | | | | | | | | Monthly Salary: | |
| Relationship: | | | | | | | Email Address: | | | | |
| Signatures | | | | | | | | | | | |
| I authorize the verification of the information provided on this form as to my credit and studentship. | | | | | | | | | | | |
| Signature of student: | | | | | | | | | | Date: | |
| Signature of officer: | | | | | | | | | | Date: | |