



REPLY FORM

Date: .....

Provost  
Universiti Utara Malaysia Kuala Lumpur  
41-3 Jalan Raja Muda Abd Aziz  
50300 Kuala Lumpur  
Malaysia

Dear Sir/Madam

**ACCEPTANCE OF OFFER TO STUDY POSTGRADUATE PROGRAMME AT UNIVERSITI UTARA MALAYSIA KUALA LUMPUR FOR SECOND SEMESTER JANUARY 2020/2021 SESSION (DC202)**

With reference to the above matter and the letter of offer from Universiti Utara Malaysia Kuala Lumpur dated .....

I hereby confirm that the documents submitted is genuine and the Graduate School have right to withdraw my registration if found any false documents.

I hereby certify that I;

Name : .....

Matric No. : .....

Programme : .....

School : .....

would like to:

accept to register the Second Semester January 2021 of the 2020/2021 Session (Semester 202) registration and verification of all documents.

accept but defer the registration to Second Semester May 2021 of the 2020/2021 Session (Semester 203).

reject the Offer

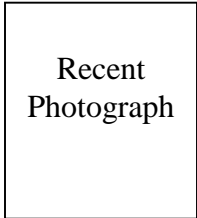
Thank you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**PERSONAL DETAILS OF POSTGRADUATE  
STUDENT**



**A) PERSONAL INFORMATION**

**Name** (as in Identity Card/Passport): \_\_\_\_\_

**Matric No.:** \_\_\_\_\_

**Identity Card/Passport No. :** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Gender\*:**

**Male**

**Female**

**Religion:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Marital Status** (single/ married/ widow): \_\_\_\_\_

**Permanent Address:**

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**B) PROGRAMME DETAILS**

**Programme** (as stated in the offer letter): \_\_\_\_\_

**Place of Study** (as stated in the offer letter): \_\_\_\_\_

**Mode of Studies\*:**

**Full-time**

**Part-time**

**Financial Support\***

**Private**

**Loan**

**Scholarship/Sponsored**

**Name & Address of Sponsor:** \_\_\_\_\_

\_\_\_\_\_

**C) HIGHER ACADEMIC QUALIFICATION**

Name & Address of Institution	Diploma/Degree Obtained	Year Awarded

**D) EMPLOYMENT DETAIL/ EXPERIENCE**

**Current Occupation:** \_\_\_\_\_

**Sector** (public/private/personal): \_\_\_\_\_

**Experience:** \_\_\_\_\_ Year \_\_\_\_\_ Month

**Monthly Income:** RM \_\_\_\_\_ / USD \_\_\_\_\_

**E) FAMILY BACKGROUND**

**Name of Spouse:** \_\_\_\_\_

**No. of Dependents:** \_\_\_\_\_ person(s)

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Tel. No.:** \_\_\_\_\_

**In case of emergency, person to be notified:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Tel. No. :** \_\_\_\_\_

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

**\*Note: Please tick (✓) whichever applicable.**

## LETTER OF UNDERTAKING

I .....  
 NRICNo. .... solemnly and truthfully declare that I will fervently strive to achieve academic excellence and perpetually improve my disposition. I will comply with laws, statutes, regulations, rules and any orders that are applicable to the students of Universiti Utara Malaysia (University) that are enforced from time to time as long as I remain a student of the University. Thus, I hereby undertake that I will, among other things

- (a) comply with subsection 15(1) of the University and University Colleges Act 1971 (Act 30) not to become a member of, or in any manner associate with any society, political party, trade union or any other organization, body or group of persons whatsoever, whether or not it is established under any law, whether it is in the University or outside the University and whether it is in Malaysia or outside Malaysia, except as may be allocated by or under the Constitution of the University, or except as may be approved in advance in writing by the Vice Chancellor;
- (b) comply with subsection 15(3) of the University and University Colleges Act 1971 not to express or do anything which may be construed as expressing support, sympathy or objection to any political party or trade union or as expressing support or sympathy with any unlawful organization, body or illegal group;
- (c) comply with the provisions of general discipline as specified in the Universiti Utara Malaysia (Discipline of Students) Rules 1999 including
  - i) not to breach the provisions relating to general prohibitions, which among other things include:
    - not to cause any detriment to the interests, well-being or image of the University, students, staff, officers, or employees of the University;
    - not to cause any detriment to public order, safety or security, morality, decency or discipline;
    - not to violate any provision of the laws, whether within or outside the campus;
  - ii) provisions relating to attendance at lectures, restrictions on the use of text of lectures and plagiarism;
  - iii) provisions relating to examinations and student's attitude during examination;
  - iv) provisions relating to assemblies, use of loudspeakers and banners;
  - v) provisions relating to student's activities outside the campus and student's involvement in employment;
  - vi) provisions relating to prohibition on gambling, consumption and possession of liquor, acting in a disorderly behaviour, possessing obscene articles, possessing and using drugs and poison; AND
  - vii) provisions relating to cleanliness within campus and student's attire
- (d) comply with the provisions relating to hostel rules and regulations as specified in the Universiti Utara Malaysia (Students Discipline) Rules 1999; AND
- (e) comply with the provisions relating to road traffic laws as specified in the Universiti Utara Malaysia (Students Discipline) Rules 1999.

I hereby acknowledge and understand that if I fail to comply with any of the provisions of the laws, statutes, regulations, rules or orders, action can be taken against me including expulsion from the University.

.....  
 Signature of Student

.....  
 Date

Name : .....

Matric No. : .....

Programme : .....

College : .....

Signature of Witness: .....

Name : .....

Designation : .....



**UUM Kuala Lumpur**

**Universiti Utara Malaysia**

**STUDENT DECLARATION**

I .....

Matric No. .... Identity Card/Passport No. ....

realise and appreciate the chance and honour to be a student of Universiti Utara Malaysia

HEREBY DECLARE

**Firstly**

I shall strive to the utmost towards excellence in knowledge

**Secondly**

I shall always be conscious of the importance of the upliftment of noble virtues

**AND**

**Thirdly**

I shall be determine to serve the society, race, religion and nation

In order to achieve these objectives, I promise that I shall always abide by the Rules and Regulations of **UNIVERSITI UTARA MALAYSIA**

I shall always uphold the image and excellence of the University

I shall abide by the motto of the University: **SCHOLARSHIP, VIRTUE, SERVICE**

I henceforth agree to put down my signature on this Statement of Declaration. If this declaration is violated on my part, I am liable to be punished according to the Rules and Regulations of the University.

Date: .....

Signature of Student: .....

**Signed in the presence of the Vice Chancellor Witnessed by the Registrar**

Signature of Registrar .....





**BAHAGIAN 3: UNTUK DIISI OLEH DOKTOR YANG MEMERIKSA**

**PART 3: TO BE FILLED BY THE EXAMINING DOCTOR**

**1 PEMERIKSAAN UMUM/ GENERAL EXAMINATIONS**

TINGGI/ *HEIGHT*  sentimeter

BERAT/ *WEIGHT*  kilogram

NADI/ *PULSE*  seminit

BP  mmHg

a. PALLOR  Ya/ Yes  
 Tidak/ No

b. CYANOSIS  Ya/ Yes  
 Tidak/ No

c. OEDEMA  Ya/ Yes  
 Tidak/ No

d. JAUNDICE  Ya/ Yes  
 Tidak/ No

e. LYMPHNODES  Ya/ Yes  
 Tidak/ No

f. SKIN  Ya/ Yes  
 Tidak/ No

**2 PEMERIKSAAN MATA/ EXAMINATION OF EYES**

	KANAN	KIRI	CATATAN DOKTOR <i>Verification of doctor's finding</i>
a. PENGLIHATAN TANPA KACA MATA/ <i>UNAIDED VISION</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. PENGLIHATAN DENGAN KACA MATA <i>AIDED VISION</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. PENGLIHATAN WARNA <i>COLOUR VISION</i>	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	<input type="checkbox"/>	_____
d. FUNDOSKOPI <i>FUNDOSCOPY</i>	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	<input type="checkbox"/>	_____
3 PEMERIKSAAN TELINGA <i>EXAMINATION OF EAR</i>	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	<input type="checkbox"/>	_____



4	RUANG MULUT ORAL CAVITY	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
5	JANTUNG HEART	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
6	a. SISTEM REPIRATORI REPIRATORY SYSTEM	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
	b. *X-RAY	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____

\*LAMPIRKAN X-RAY DADA DAN LAPORAN (filem besar)/ ATTACH CHEST X-RAY AND REPORT (large film)

TARIKH X-RAY/ X-RAY DATE	TEMPAT/ PLACE	NO. RUJUKAN X-RAY/ X-RAY REF. NO.																																										
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LMP (Last Menstrual Period) - Perempuan sahaja/ Female only

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7	ABDOMEN & RONGGA HERNIA ABDOMEN & HERNIAL ORIFICES	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
8	SISTEM SARAF & MENTAL NERVOUS SYSTEM & MENTAL CONDITION	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
9	SISTEM MUSKULOSKELETAL MUSCULOSKELETAL SYSTEM	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
10	LAIN-LAIN/ OTHERS			_____ _____  _____

**BAHAGIAN 4**

*PART 4*

11 PEMERIKSAAN AIR KENCING/ *EXAMINATION OF URINE*

- a. GULA       b. ALBUMIN       c. MICROSCOPY \_\_\_\_\_  
SUGAR \_\_\_\_\_

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**BAHAGIAN 5: PENGESAHAN DOKTOR**

*PART 5: DOCTOR'S VERIFICATION*

Sila tandakan (✓) di dalam kotak yang berkenaan.

*Please tick (✓) in the appropriate box*

Saya mengesahkan pada hari ini saya telah memeriksa/ *I certify that I have this day examined*

\_\_\_\_\_ No. KP/IC No. \_\_\_\_\_

dan mendapati bahawa/ *and found that:*

Beliau tidak menghadapi apa-apa penyakit dan disahkan sihat/ *The above name is in good health*

Beliau menghadapi/ *The above named has*

\_\_\_\_\_  
\_\_\_\_\_

Beliau sedang mendapat rawatan/ *The above named is undergoing treatment*

\_\_\_\_\_  
\_\_\_\_\_

Tarikh/  
*Date:* \_\_\_\_\_

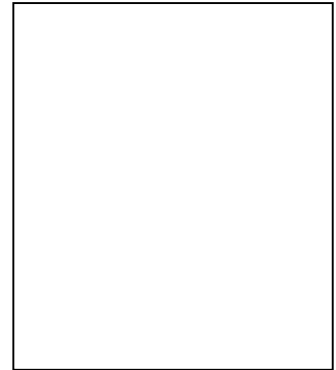
Tandatangan Doktor/  
*Signature of Doctor* \_\_\_\_\_

Nama  
Doktor/  
*Name of Doctor* \_\_\_\_\_

Kelulusan dan cop rasmi klinik/  
*Qualification and official stamp of clinic* \_\_\_\_\_



Order No.: \_\_\_\_\_



**SMART CARD  
APPLICATION FORM  
(BORANG PERMOHONAN KAD PINTAR)**

**PLEASE FILL YOUR PERSONAL INFORMATION WITH CAPITAL LETTER  
(Sila Isikan Maklumat Peribadi Anda Dengan Menggunakan Huruf Besar)**

Name (as in Identity Card) : \_\_\_\_\_

Matric No. : \_\_\_\_\_ New Identity Card No. : \_\_\_\_\_

Passport No.: \_\_\_\_\_ Nationality: \_\_\_\_\_

Gender :  Male  Female

Race : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Tel. No. : \_\_\_\_\_ E-mail : \_\_\_\_\_