



**COLLABORATION BETWEEN
SIME DARBY FOUNDATION
AND
SIME DARBY NURSING AND HEALTH SCIENCES COLLEGE**

BASIC HEALTHCARE PROGRAMME

REGISTRATION FORM

Instructions to complete the form:

1. Please write in BLOCK letters (in blue or black ink only).
2. Attach a certified true copy of SPM results.
3. Attach a photocopy of IC and other supporting documents if necessary.
4. Kindly affix your recent passport size photograph.

For office use only:

Programme:

Sequence No :

Student No:

A. PERSONAL DETAILS

First Name:

Last Name:

I. C No:

Place of Birth :

Date of Birth: : / /
Day Month Year

Age:

Sex: Male Female

Marital Status: Married Single

Race:

Religion:

Nationality:

Correspondence Address:

Postcode:

State:

Permanent Address:

Postcode:

State:

Telephone No.:

Fax No.:

Mobile-phone No.:

E-mail:

Please affix a
recent passport
size photograph
here



Sime Darby Nursing and Health Sciences College
(BAP8025)
Centre Point Business Park, Jalan Tanjong Keramat 26/35, Seksyen 26,
40400 Shah Alam, Selangor, Malaysia.
T: 603-5191 2121/1346/1296
F: 603-5191 1357

C. PARENT/GUARDIAN

Name of Parent/Guardian: _____

If Guardian, please state the relationship: _____

Correspondence Address: _____

Postcode: _____

State: _____

Permanent Address: _____

Postcode: _____

State: _____

Telephone No.: _____

Fax No.: _____

Mobile-phone No.: _____

E-mail: _____

D. EMERGENCY CONTACT PERSON

In case of emergency, please contact the following person: _____

Name: _____

Correspondence Address: _____

Postcode: _____

State: _____

Permanent Address: _____

Postcode: _____

State: _____

Telephone No.: _____

Fax No.: _____

Mobile-phone No.: _____

E-mail: _____

E. INTAKE PREFERENCE

Please indicate your choice of intake for the Basic Healthcare Programme:

Intake : April 2011

F. EDUCATIONAL BACKGROUND

School/ College/ University Attended (In Chronological Order)

No.	Name of Previous Institution	Examination	Year	Achievement
1.				
2.				
3.				

H. DECLARATION

I _____ declare that all information provided in this form is accurate. I acknowledge that Sime Darby College reserves the right to vary or reserve any decision regarding admission made on the basis of incorrect or incomplete information. I agree to:-

- i) Abide by the College's Policies, Rules and Regulations at all times.
- ii) Make all necessary payments due to the College within the specified dates in respect of the programme enrolled.
- iii) Attend all scheduled classes and practical sessions unless prior approval has been obtained from the management.

Applicant's Signature : _____

Date: / /

Day Month Year