Checklist For Registration

UNIVERSITI SAINS MALAYSIA

INSTITUT PENGAJIAN SISWAZAH
INSTITUTE OF POSTGRADUATE STUDIES

Please (√) at the space provided.

Checklist for documents that need to be submitted ***before*** registration.

(Applicable to international candidate only)

1. Form A ☐
2. Three (3) certified copies of passport* ☐
3. Four (4) passport size photographs (with blue background) ☐
4. Medical Examination Report (1 set of form marked by 'For Immigration Purposes' at top right corner) ☐

** passport with the validity date that covers the period of study.*

Checklist for documents that need to be submitted ***during*** registration

1. Confirmation of registration form ☐
2. Medical examination **report** and X-Ray **report** endorsed by the USM Wellness Centre (1 set of form marked by 'For USM Wellness Centre' at top right corner) ☐
3. Smart Card application form ☐
4. Change of address form *(if necessary)* ☐
5. Copy of scholarship/sponsorship letter of offer ☐
6. Health Insurance ***(Applicable to international candidate only)*** ☐
7. Copy of latest bank statement *-1 month prior to registration* ***(Applicable to international candidate only)*** ☐

Checklist for ***original documents*** that candidate need to bring ***during*** registration

1. Original letter of admission ☐
2. Original degree scrolls ☐
3. Original academic transcript ☐
4. Receipt of payment ☐
5. Scholarship/sponsorship letter of offer *(if any)* ☐
6. Student pass approval letter from the Malaysian Immigration (*Applicable to international candidate*) ☐

FORM A
(Applicable to international candidate only)

UNIVERSITI SAINS MALAYSIA

INSTITUT PENGAJIAN SISWAZAH
INSTITUTE OF POSTGRADUATE STUDIES

NAME: _____

ADDRESS: _____

_____

_____

POSTCODE: _____ COUNTRY: _____

E-MAIL: _____

TELEPHONE: _____ MOBILE: _____

** Please complete the name and address in the box provided*

DEAN
INSTITUTE OF POSTGRADUATE STUDIES
UNIVERSITI SAINS MALAYSIA
11800 PULAU PINANG
MALAYSIA

Confirmation Of Acceptance Offer Of Admission To Undertake Postgraduate Studies, Universiti Sains Malaysia

I hereby confirm acceptance to undertake Postgraduate Studies at Universiti Sains Malaysia

Expected Date of Registration: [ ]

Centre/School of Studies: [ ]

Date: _____

_____
(Signature of candidate)

International Students are requested to enclose four (4) copies of passport size photos with blue background and three (3) certified copies of pages of the passport together with this Form for the Student Pass application. Please forward these documents to Institute of Postgraduate Studies, Universiti Sains Malaysia, 11800 USM Penang, Malaysia.

For Immigration purposes
(Applicable to international candidate only)

UNIVERSITI SAINS MALAYSIA

MEDICAL EXAMINATION REPORT FOR LOCAL / INTERNATIONAL STUDENT AND ACCOMPANYING PERSON

Affix passport size photo here

PLEASE USE CAPITAL LETTERS

SECTION 1 (TO BE COMPLETED BY CANDIDATE) (PART A)

FULL NAME *(AS IN PASSPORT / IC)*

INTERNATIONAL PASSPORT NO.

I/C NO.

NATIONALITY

DATE OF BIRTH

D D M M Y Y

AGE

CONTACT NUMBER

ACADEMIC YEAR

/

GENDER

MALE ☐

FEMALE ☐

MARITAL STATUS

SINGLE ☐

MARRIED ☐

PROGRAMME

MASTER ☐

DOCTORATE ☐

SCHOOL / CENTRE

NEXT OF KIN

NEXT OF KIN'S ADDRESS

NEXT OF KIN'S CONTACT NUMBER

For Immigration purposes
(Applicable to international candidate only)

SECTION 1

(PART B) - Please tick (√) in the relevant box

Declaration of self and family illness. Explain in full if you or your family has any of the following illness.

• Immediate family refers to father, mother, brothers / sisters

MEDICAL PROBLEMS	SELF		IMMEDIATE FAMILY		If "Yes" please state
	Yes	No	Yes	No	
1. Congenital or inherited disorder					
2. Allergy					
3. Mental illness					
3. Fits, stroke, other neurological disease					
5. Diabetes Mellitus					
6. Hypertension					
7. Heart or vascular disease					
8. Asthma					
9. Thyroid disease					
10. Kidney disease					
11. Cancer					
12. Tuberculosis					
13. Drug addiction					
14. AIDS, HIV					
15. History of surgery					
16. Other illness					

Current medication (Long term)

_____ _____

_____ _____

IMMUNISATION HISTORY (where applicable)	DATE IMMUNISED				
1. Yellow Fever					
2. BCG*					
3. Meningitis (Quadrivalent)*					
4. Hepatities B*					
5. Others					

* Applicable for international candidates only.

I hereby certify that the information given above is true. I understand that my application will be rejected if there is any false information given.

_____ _____

Date Signature of candidate

For Immigration purposes
(Applicable to international candidate only)

SECTION 2 - PHYSICAL EXAMINATION

To be filled by examining doctor

1. BASIC MEASUREMENT	
HEIGHT : _____ m	BLOOD PRESURE : _____ mmHg
WEIGHT : _____ kg	PULSE RATE : _____ / min
VISION TEST : Unaided : (R) _____ (L) _____ Aided : (R) _____ (L) _____	COLOUR VISION TEST : NORMAL / ABNORMAL

2. GENERAL EXAMINATION			
ITEM	YES	NO	COMMENT
a. DEFORMITIES			
b. PALLOR			
c. CYANOSIS			
d. JAUNDICE			
e. OEDEMA			
f. SKIN DISEASES			

3. SYSTEM EXAMINATION			
ITEM	NORMAL	ABNORMAL	COMMENT
a. EYES (Including funduscopy)			
b. EARS			
c. NOSE			
d. ORAL CAVITY / THROAT			
e NECK			
f. HEART			
g. LUNGS			
h. ABDOMEN / HERNIAL ORIFICES			
j. MENTAL CONDITION			
k. MUSCULOSKELETAL SYSTEM			

For Immigration purposes
(Applicable to international candidate only)

SECTION 3 - INVESTIGATIONS

To be filled by examining doctor.

URINE TEST		
ITEM	**DATE TAKEN**	**RESULT**
a. ALBUMIN		
b. SUGAR		
c. MICROSCOPIC		
d. MORPHINE*		
e. CANNABIS*		
f. AMPHETAMINES TYPE STIMULANT		

* Applicable for international candidates only.

BLOOD TEST (Applicable for international candidates only)		
ITEM	**DATE TAKEN**	**RESULT**
a. HEPATITIS Bs ANTIGEN		
b. HEPATITIS C		
c. HIV		
d. VDRL / TPHA		
e. MALARIAL PARASITE		

CHEST X-RAY INFORMATION		
CHEST X-RAY NO.		
DATE TAKEN		
PLACE TAKEN		
REPORT		

For Immigration purposes
(Applicable to international candidate only)

SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick (√) in the appropriate box

I certify that I have on this date _____ examined

Mr. / Ms. _____

IC / Passport No. _____ and found him / her:-

☐ **IN GOOD**

☐ **HAVING THE FOLLOWING MEDICAL COMPLICATION(S)** *(Please State)*

_____

_____

_____

☐ **UNDERGOING TREATMENT FOR:** *(Please State)*

_____

_____

_____

Date: _____

Signature of Doctor : _____

Name of Doctor : _____

Qualification : _____

Hospital / Clinic Registration Number : _____

Official Stamp : _____

Remarks By University / College Official:

For USM Wellness Centre

UNIVERSITI SAINS MALAYSIA

MEDICAL EXAMINATION REPORT FOR LOCAL / INTERNATIONAL STUDENT AND ACCOMPANYING PERSON

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AGE

CONTACT NUMBER

ACADEMIC YEAR

/

GENDER

MALE ☐

FEMALE ☐

MARITAL STATUS

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MASTER ☐

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NEXT OF KIN

NEXT OF KIN'S ADDRESS

NEXT OF KIN'S CONTACT NUMBER

For USM Wellness Centre

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9. Thyroid disease					
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_____ _____

Date Signature of candidate

For USM Wellness Centre

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For USM Wellness Centre

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CHEST X-RAY NO.		
DATE TAKEN		
PLACE TAKEN		
REPORT		

For USM Wellness Centre

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☐ **IN GOOD**

☐ **HAVING THE FOLLOWING MEDICAL COMPLICATION(S)** *(Please State)*

_____

_____

_____

☐ **UNDERGOING TREATMENT FOR:** *(Please State)*

_____

_____

_____

Date: _____

Signature of Doctor : _____

Name of Doctor : _____

Qualification : _____

Hospital / Clinic Registration Number : _____

Official Stamp : _____

Remarks By University / College Official:

UNIVERSITI SAINS MALAYSIA

INSTITUT PENGAJIAN SISWAZAH
INSTITUTE OF POSTGRADUATE STUDIES

BORANG PENGESAHAN PENDAFTARAN
(CONFIRMATION OF REGISTRATION FORM)

NAMA PENUH / *(FULL NAME)*:

NO. KAD PENGENALAN /*(I/C NO.)*:

NO. PASPORT/*(PASSPORT NO.)*:

PUSAT PENGAJIAN / PUSAT / INSTITUT *(SCHOOL / CENTRE / INSTITUTE)*

A. IJAZAH *(DEGREE)*

☐ DOKTOR FALSAFAH / KEDOKTORAN *(PhD / Doctoral)*

☐ SARJANA *(Masters)*

B. JENIS PENCALONAN *(CANDIDATURE TYPE)*

☐ PENUH MASA *(Full Time)*

☐ SAMBILAN *(Part Time)*

Pengakuan Pelajar / *(Declaration)*

☐ Dengan ini saya bersetuju bahawa tesis yang dihasilkan oleh saya adalah hakcipta mutlak Universiti Sains Malaysia dan bukannya hakcipta penulis.
(I agree that my thesis is the permanent property of Universiti Sains Malaysia and the copyright in its original form rests with the University and not with the author.)

☐ Saya telah menerima senaskah Buku Panduan Pelajar
(I have received a copy of the Student Handbook)

Tarihk *(Date)*: _____

_____
Tandatangan Calon *(Signature of Candidate)*

UNTUK KEGUNAAN INSTITUT PENGAJIAN SISWAZAH
(For IPS Office Use Only)

Tarikh Pendaftaran
Pengesahan Staf IPS

UNIVERSITI SAINS MALAYSIA

INSTITUT PENGAJIAN SISWAZAH
INSTITUTE OF POSTGRADUATE STUDIES

BORANG MENUKAR ALAMAT
(CHANGE OF ADDRESS)

1. NAMA (DALAM HURUF BESAR) / *NAME (IN CAPITAL)*

2. NO. MATRIK *(MATRIC NO.)*

3. NO. KAD PENGENALAN *(PASSPORT @ I/C NO.)*

4. ALAMAT SURAT MENYURAT *(CORRESPONDENCE ADDRESS)*

BANDAR *(STATE)*

NEGARA *(COUNTRY)*

POSKOD *(POSTCODE)*

NO. TELEFON *(TELEPHONE NO.)*

5. BUTIR-BUTIR ALAMAT TETAP *(PERMANENT ADDRESS)*

BANDAR *(STATE)*

NEGARA *(COUNTRY)*

POSKOD *(POSTCODE)*

NO. TELEFON *(TELEPHONE NO.)*

Tarikh / *(Date)*: _____

_____
Tandatangan *(Signature)*

KEGUNAAN PEJABAT *(FOR OFFICE USE ONLY)*

Tindakan oleh:

_____
Nama & Tandatangan

_____
Tarikh

UNIVERSITI SAINS MALAYSIA

INSTITUT PENGAJIAN SISWAZAH
INSTITUTE OF POSTGRADUATE STUDIES

BORANG PERMOHONAN KAD PINTAR
(SMART CARD APPLICATION FORM)

NAMA PEMOHON / *(APPLICANT'S NAME)*: ☐☐☐☐☐☐☐☐☐☐☐☐

12 huruf sahaja /*(12 characters only)*

NO. MATRIK /*(MATRIC NO.)*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

_____ Tarikh / *(Date)*: _____

Tandatangan Pelajar *(Signature of Student)*

KEGUNAAN PEJABAT *(FOR OFFICE USE ONLY)*

1. PENDAFTARAN DIRI ☐ LENGKAP ☐ TIDAK LENGKAP

_____ Tarikh _____

Tandatangan Staf

2. PENGESAHAN SEMULA PERKARA YANG TIDAK LENGKAP

_____ Tarikh _____

Disahkan oleh

KEGUNAAN PEJABAT *(FOR OFFICE USE ONLY)*

1. SESI FOTOGRAFI ☐ BERJAYA ☐ TIDAK BERJAYA

KOD BAR ☐☐☐☐☐☐☐☐☐☐☐☐

2. KAD PINTAR DIAMBIL PADA _____

_____ Tarikh _____

Disahkan oleh

Sila bawa bersama borang ini semasa mengambil kad pintar
(Please bring along this form during collection of the smart card)

Institute of Postgraduate Studies
Universiti Sains Malaysia
11800 USM
Penang, MALAYSIA.
email: dean_ips@usm.my

www.ips.usm.my