

FAKULTI PERUBATAN  
UNIVERSITI MALAYA  
LEMBAH PANTAI  
50603 KUALA LUMPUR  
MALAYSIA  
NO. FAX : 603-79568841  
NO. TEL : 03-79492076 / 79492106  
ALAMAT EMAIL : [haril@ummc.edu.my](mailto:haril@ummc.edu.my)  
[geetha@ummc.edu.my](mailto:geetha@ummc.edu.my)

FACULTY OF MEDICINE  
UNIVERSITY OF MALAYA  
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**PERMOHONAN UNTUK KEMASUKAN SEBAGAI PELAJAR ELEKTIF**  
**Application for admission as an elective posting student**

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- CATATAN:**
1. Untuk melicinkan pemprosesan permohonan ini, sila kemukakan borang ini sekurang-kurangnya 6 bulan sebelum tarikh permulaan posting elektif yang dimohon berserta :
    - (1) Surat sokongan daripada Dekan/Ketua Jabatan tempat anda belajar.
  2. Tempoh posting yang dibenarkan : Minimum 3 – 4 minggu (satu disiplin sahaja) dan maksimum 6 – 8 minggu (satu atau dua disiplin sahaja).
  3. Penginapan tidak disediakan. Jika memerlukan penginapan, sila mohon terus ke alamat yang diberikan di bawah.
  4. Yuran sejumlah RM 460/= [ RM 20/= yuran pemprosesan, RM 375/= yuran elektif, RM 50/= yuran pendaftaran dan RM15/= kad kampus ] dikenakan kepada setiap pelajar. Yuran ini perlu dibayar pada hari pertama anda melaporkan diri untuk elektif posting.
  5. Borang yang lengkap hendaklah dikembalikan kepada ***Penolong Pendaftar Kanan (Program Ijazah Pertama & Diploma)*** dialamat di atas.

- NOTE:**
1. To facilitate processing, applications must be submitted at least **6 months prior to the date of the service posting** and returned together with :-
    - (1) a letter of support from your Dean/Head of Department.
  2. **The duration allowed for each posting is : minimum 3 - 4 weeks (one discipline only) and maximum 6 - 8 weeks (one or two discipline/s only).**

3. Accommodation is not provided. If accommodation is required, please write to :

The Master  
Clinical Student's Hostel  
(Asrama Ibnu Sina)  
University of Malaya  
50603 Kuala Lumpur  
MALAYSIA  
Tel: 603-79674977 / 79492740  
Fax: 603-79567306

OR The Manager  
University House  
(Rumah Universiti)  
University of Malaya  
50603 Kuala Lumpur  
MALAYSIA  
Tel: 603-79560286  
Fax: 603-79560081

4. A fee of RM 460/= [ RM 20/= processing fee, RM 375/= elective fee, RM 50/= registration fee and RM15/= campus card ] is charged. You are required to pay this fee at the beginning (on the first day) of your posting.
5. Completed forms and documents should be returned to **the Senior Assistant Registrar (Undergraduate and Diploma Programme), at the above address.**

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**UNTUK KEGUNAAN PEJABAT SAHAJA -- For Office use only**

BORANG DITERIMA \_\_\_\_\_  
PROSES KE JABATAN \_\_\_\_\_  
JAWAPAN KEPADA PELAJAR \_\_\_\_\_  
SURAT KE SKR \_\_\_\_\_  
Bayaran diterima - Tunai/ Wang Pos : \_\_\_\_\_

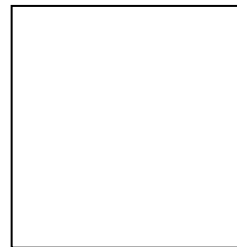
**PERMOHONAN UNTUK KEMASUKAN SEBAGAI PELAJAR ELEKTIF**  
**Application for admission as an elective posting student**

**1. BUTIR-BUTIR PEMOHON**  
Particulars of Applicant

**1.1 NAMA / name :** Mr/ Miss / Mrs

\_\_\_\_\_

**(HURUF BESAR / Capital letters)**



FOTO/photo

**1.2 No. Kad Pengenalan/Pasport / Identification Card/Passport No. :** \_\_\_\_\_

**1.3 UMUR / age :** \_\_\_\_\_

**1.4 TARIKH LAHIR :** \_\_\_\_\_  
date of birth

**1.5 JANTINA / : sex :** \_\_\_\_\_

**1.6 WARGANEGARA :** \_\_\_\_\_  
citizenship

**1.7 ALAMAT POS / postal address :**

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

**NO TELEFON / telephone number :** \_\_\_\_\_

**NO. FAKSIMILI / facsimile number :** \_\_\_\_\_

**ALAMAT EMEL/ Email Address :** \_\_\_\_\_

**1.8 ALAMAT DI MALAYSIA (JIKA ADA) / address in Malaysia (if applicable) :**

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

**NO TELEFON / telephone number :** \_\_\_\_\_

**1.9 WARIS TERDEKAT (NAMA & PERTALIAN)/next of kin (name & relationship)**

\_\_\_\_\_

**1.10 ALAMAT WARIS TERDEKAT / address of next of kin**

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

**NO TELEFON / telephone number :** \_\_\_\_\_

**1.11 ORANG YANG BOLEH DIHUBUNGI PADA MASA KECEMASAN (SILA BERI NAMA, PERTALIAN, ALAMAT DAN NO. TELEFON)**  
person (s) to be notified in case of emergency  
(please give name, relationship, address and telephone number)

a. **DI NEGERI ASAL / in home country** \_\_\_\_\_  
\_\_\_\_\_

b. **DI MALAYSIA / in Malaysia** \_\_\_\_\_  
\_\_\_\_\_

**2. LATARBELAKANG MENGENAI PENDIDIKAN PERUBATAN**  
Background of medical education

**2.1 NAMA DAN ALAMAT SEKOLAH PERUBATAN ANDA**  
name and address of your medical school

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

**2.2 TEMPOH PROGRAM PERUBATAN IJAZAH PERTAMA DI SEKOLAH PERUBATAN ANDA**  
duration of the undergraduate medical programme at your medical school

\_\_\_\_\_

**2.3 TARIKH KEMASUKAN ANDA DI SEKOLAH PERUBATAN** \_\_\_\_\_  
date of your entry to the medical school

**2.4 TAHUN PENGAJIAN ANDA SEMASA MENJALANKAN POSTING ELEKTIF**  
year of study during the proposed elective posting

\_\_\_\_\_

**2.5 TEMPOH PELAJARAN KLINIKAL YANG TELAH DISEMPURNAKAN PADA PERMULAAN POSTING ELEKTIF.**  
duration of clinical studies completed at the start of the elective posting.

\_\_\_\_\_

**2.6 SILA BERIKAN BUTIR-BUTIR RINGKAS MENGENAI PELAJARAN PERUBATAN YANG TELAH/AKAN ANDA SEMPURNAKAN PADA PERMULAAN POSTING ELEKTIF.** Please give brief details of the medical studies you have/would have completed at the start of your elective posting.

MATA PELAJARAN/ POSTING KLINIKAL subject / clinical posting	TARIKH MULA date started	TARIKH TAMAT date completed	KEPUTUSAN/GRED grade/result
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(SILA GUNAKAN LAMPIRAN JIKA JADUAL DI ATAS TIDAK MENCUKUPI.  
please use appendix if table above is not sufficient)

**3. BUTIR-BUTIR POSTING ELEKTIF YANG DIPOHON/details of elective requested**

**3.1 TARIKH POSTING ELEKTIF YANG DIPOHON/dates of elective posting requested**

DARI \_\_\_\_\_ HINGGA \_\_\_\_\_ ( \_\_\_\_\_ MINGGU)  
from to weeks

**3.2 LATIHAN YANG INGIN DIJALANKAN / Training you wish to do**

KERJA KLINIKAL / clinical work ( )

KERJA MAKMAL / laboratory work ( )

RANCANGAN LUAR / field programme ( )

**3.3 POSTING YANG DIMINTA (BERIKAN SATU ATAU DUA PILIHAN)**

Posting(s) requested (Indicate one or two alternative options)

(PERHATIAN : Tempoh posting yang dibenarkan : Minimum 3 – 4 minggu (satu disiplin sahaja) dan maksimum 6 – 8 minggu (satu atau dua disiplin sahaja).

(NOTE : The duration allowed for each posting is : minimum 3 - 4 weeks (one discipline only) and maximum 6 - 8 weeks (one or two discipline/s only).

POSTING posting	MINGGU no. weeks	DARI from	HINGGA to
<b>UTAMA/priority:</b>			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
<b>PILIHAN/Alternative :</b>			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**3.4 PERNAHKAN ANDA MENGHUBUNGI MANA-MANA JABATAN / UNIT DI FAKULTI PERUBATAN INI / have you approach any department / unit in this Medical Faculty?**

**YA / Yes ( )** → **SEBUTKAN JABATAN ATAU UNIT /** indicate the department or unit

**TIDAK / no ( )** \_\_\_\_\_

**3.5 KECEKAPAN BAHASA ANDA**

Your language proficiency

- **BAHASA MALAYSIA LISAN** \*baik/mencukupi/lemah/tiada  
Malay, spoken good/adequate/weak/none
- **BAHASA MALAYSIA TULISAN** baik/mencukupi/lemah/tiada  
Malay, written good/adequate/weak/none
- **BAHASA INGGERIS LISAN** \* baik/mencukupi/lemah/tiada  
English, spoken good/adequate/weak/none
- **BAHASA INGGERIS TULISAN** baik/mencukupi/lemah/tiada  
English, written good/adequate/weak/none

\* *potong mana yang tidak berkenaan/delete those not applicable*

**3.6 SAYA MENGESAHKAN BAHAWA SEMUA KENYATAAN YANG DIBERIKAN ADALAH BENAR. SAYA SEDAR BAHAWA UNIVERSITI MALAYA BERHAK UNTUK MENOLAK PERMOHONAN INI, MENARIK BALIK TAWARAN KEMASUKAN ATAU MENAMATKAN PENGAJIAN DARI UNIVERSITI, JIKA DIDAPATI PADA MANA-MANA PERINGKAT BAHAWA MAKLUMAT YANG DIBERI ADALAH PALSU.**

I affirm that all information given are correct. I am fully aware that the University of Malaya reserves the right to reject this application, withdraw an offer of admission or direct the student to leave the University, if at any stage it is found that the information given is incorrect.

**TARIKH** \_\_\_\_\_ **TANDATANGAN PEMOHON** \_\_\_\_\_  
Date applicant's signature

**FAKULTI PERUBATAN : UNIVERSITI MALAYA**  
**Faculty of Medicine : University of Malaya**

**FPU : 254/2001**

**APPLICATION FOR ELECTIVE POSTING AT FACULTY OF MEDICINE, UNIVERSITY OF MALAYA**

**SUPPORTING STATEMENT FROM THE DEAN OR ELECTIVE COORDINATOR OF THE CANDIDATE'S MEDICAL SCHOOL**

**NOTE :** The Dean or Elective Coordinator of the candidate's Medical School is requested to fill in this section and send it under separate and Confidential cover to :

**The Dean  
Faculty of Medicine  
University of Malaya  
Lembah Pantai  
50603 KUALA LUMPUR  
MALAYSIA  
(Fax No.: 603-79568841)**

1. Name of candidate : \_\_\_\_\_

2. Date (s) of Posting : \_\_\_\_\_

3. Year of Study (during elective posting) : \_\_\_\_\_

4. General academic ability of the candidate :  
Above average / average / below average

5. Assessment of candidate's general character and conduct:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any other information which may be helpful:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does your Faculty require a report on the candidate's performance during his / her elective posting in Malaysia ?

Yes (     )

No (     )

8. I support with / without reservation this candidate/s application for the proposed attachment to your medical school confirm the details given in paragraph 2 of his / her application.

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Designation : \_\_\_\_\_

Date : \_\_\_\_\_

Medical School : \_\_\_\_\_

(Faculty stamp)

HMA/gp



**KERAJAAN MALAYSIA**  
(GOVERNMENT OF MALAYSIA)

**BORANG MAKLUMAT PERIBADI**  
(PERSONAL PARTICULARS FORM)

*(To be completed by non-Malaysian candidates only)*

**BAHAGIAN I - BUTIR-BUTIR DIRI**  
*(Part I - Personal Particulars)*

1. Nama penuh: \_\_\_\_\_  
*(Full name) (family) (first) (middle) (last)*
2. Nama Lain, jika ada: \_\_\_\_\_  
*(Other name, if any)*
3. Nama Cina (jika berkaitan): \_\_\_\_\_  
*(Chinese name, if applicable)*
  - (a) Dalam Tulisan Cina: \_\_\_\_\_  
*(in Chinese characters)*
  - (b) Dalam kod Perdagangan : \_\_\_\_\_  
*(in commercial code)*
4. Tarikh lahir : \_\_\_\_\_ hari/bulan/tahun  
*(Date of birth) (day/month/year)*
5. Jantina: \_\_\_\_\_  
*(Sex)*
6. Tempat Lahir : \_\_\_\_\_ Daerah/Negeri (State/Country)  
*(Place of Birth)*
7. Kewarganegaraan : \_\_\_\_\_  
*(Citizenship)*
8. Alamat tetap : \_\_\_\_\_  
*(Permanent Address)*  
\_\_\_\_\_  
\_\_\_\_\_
9. Pekerjaan sekarang : \_\_\_\_\_  
*(Present Occupation)*
10. Majikan Sekarang : \_\_\_\_\_  
*(Present employer)*
11. Tujuan lawatan : \_\_\_\_\_  
*(Purpose of visit)*



**BAHAGIAN III – BUTIR-BUTIR PENGANJUR TEMPATAN** (jika berkaitan)  
(Part III – Particulars of local sponsor (if applicable))

1. Nama dan alamat  
Institut yang menganjur: \_\_\_\_\_  
(Name and address of sponsoring institution)

2. Nama penganjur di Malaysia: \_\_\_\_\_  
(Name of referee in Malaysia)

(a) Dalam tulisan Cina (jika berkaitan):  
(in Chinese characters, (if applicable))

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(b) Dalam kod perdagangan (jika berkaitan):  
(in commercial code, (if applicable))

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3. Tarikh dan tempat lahir penganjur : \_\_\_\_\_  
(Date and place of birth if referee)

4. Nombor kad pengenalan penganjur : \_\_\_\_\_  
(Identity card number of referee)

5. Alamat Penganjur: \_\_\_\_\_  
(Address of referee)

\_\_\_\_\_  
Tarikh (date)

\_\_\_\_\_  
Tandatangan Pemohon  
(Signature of applicant)

**FACULTY OF MEDICINE  
UNIVERSITY OF MALAYA**

**APPLICATION FOR ELECTIVE POSTING**

This is to inform that the Faculty of Medicine, University Of Malaya

(FOM) do consider senior medical students (fourth year onwards) from overseas medical schools for elective posting at our faculty. We do not encourage posting from third year students (and below) in all the major disciplines except in Trauma & Emergency.

The duration of this posting is **minimum 3 to 4 weeks (one discipline only) and maximum 6 to 8 weeks** (one or two disciplines).

A fee of approximately RM 460/= is charged for the duration and is payable at the start of the posting. Accommodation is not provided but we do provide the addresses of the hostels available and students can contact the hostels direct.

Major clinical disciplines such as medicine, surgery, orthopaedics, paediatrics, O&G, psychological medicine are not open for electives from mid till end-January, end-February till end-March and October-November as the wards will be closed for our Third and Final MBBS examinations but, postings in Accident & Emergency can be considered during those months. During the electives, students shall be placed together with our medical students and will be doing it in the University of Malaya Medical Center, Kuala Lumpur.

Application has to be submitted using FOM's application form. Completed form with the University or Dean's certification letter has to be submitted to FOM **at least 6 months prior to the start of the elective dates** (the Form can be submitted via email or facsimile to the following address with the original sent via post).

Senior Assistant Registrar  
Undergraduate and Diploma Programmes  
Dean's Office  
Faculty of Medicine  
University of Malaya  
50603 KUALA LUMPUR, Malaysia  
Telephone number : 603 – 7949 2076 / 2106  
Facsimile Number : 603 - 79568841 / 79540533  
Email : [haril@ummc.edu.my](mailto:haril@ummc.edu.my)

(Application form can be requested through the above address & email)

Yours sincerely,

Mr Haril Muzammil Awang  
Senior Assistant Registrar  
Faculty of Medicine  
University of Malaya