


**UniKL**

# REGISTRATION FORMS FOR NEW STUDENT

(FOR UNDERGRADUATE PROGRAMMES)

*To be submitted on the registration day*

	FORMS	Tick ✓
A	Student Declaration	
B	Student Profile	
C	Medical Examination Report	
D	Surat Akuan Pembiayaan	

**A**

## STUDENT DECLARATION

	Student Tick <input checked="" type="checkbox"/> and Sign
<p><b>1. Update of contact details</b></p> <p>I certify that the information given in Form B and any copy of documents submitted are correct to the best of my knowledge and that I will update the Universiti Kuala Lumpur (UniKL) with any change in personal or contact details (via self-service) or student portal as soon as possible.</p> <p>UniKL reserves the right to cancel the offer and registration if the information and documents provided to UniKL are found to be incorrect or false.</p>	<input type="checkbox"/> .....
<p><b>2. Privacy Notification</b></p> <p>I consent to the processing of my personal data (including sensitive personal data as defined in the Personal Data Protection Act 2010) by the University to assess my application, create an enrolment record on the student database, undertake statistical analysis, and meet statutory reporting requirements. It will be accessed strictly for these purposes only and disclosed <i>to the internal departments of the university</i>, government agencies, and stakeholders when required. I also warrant that I have obtained all necessary consent from the third parties whom I have provided their personal data as part of my application.</p>	<input type="checkbox"/> .....
<p><b>3. Main communication channel</b></p> <p>I understand that the University will communicate with me via my University e-mail account and recognise that it is my responsibility to check this account daily.</p>	<input type="checkbox"/> .....

STUDENT NAME : .....

IC NUMBER : .....

PROGRAMME : .....

..... DATE : .....



# STUDENT PROFILE

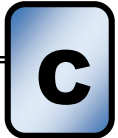
\* circle where applicable

StudForm/2023

PART 1- STUDENT			
Name			
IC / Passport No		Identification Document	MyKad/ MyPR / Passport
Nationality (Origin Country)	*Malaysia / Other .....	Citizenship Status	*Citizen / Permanent Resident/ Non-Citizen
Marital Status	*Single/ Married	Gender	*Male/ Female
Birthdate		Birth Place	
Religion		Race	
Permanent Address			
Correspondence Address			
Home Tel. Number		H/phone Num	
E-Mail			
PART 2- PARENTS/GUARDIANS/SPOUSE			
Details	Father/ Guardian 1/Spouse		Mother/ Guardian 2
Name			
IC Number			
Address			
H/Phone Number			
Email			
Relationship			
PART 3- NEXT OF KIN - siblings/relatives with age 18 and above (other than stated in Part 2)			
<i>The Next of Kin contact details can also be referred to in an emergency situation</i>			
Name			Relationship
Home Tel. Number		H/Phone Num	

Student Signature: .....

Date : .....



**MEDICAL EXAMINATION REPORT**

**INSTRUCTIONS**

- Student is required to complete PART A and Examining Physician (Doctor) will fill in PART B.
- Suppression or Falsification of facts will *cause the retraction of the offer to study at UniKL*.

**PART A (SELF DECLARATION)**

NAME (Block letters): \_\_\_\_\_

ADDRESS : \_\_\_\_\_

NRIC NO/ PASSPORT : \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_ AGE: \_\_\_\_\_

STATUS\* : SINGLE / MARRIED (\*circle)

Have you ever been treated for any of the health issue below:

(Please respond by writing "Yes" or "No" to each question. A tick (/) or X will not be accepted)

Pleurisy or Asthma		Spitting of Blood		High Blood Pressure Low Blood Pressure	
Fits and Fainting Attacks		Rupture		Malaria or Dysentery	
Anxiety		Depression		Other mental related issue	
HIV		Insomnia		Viral diseases (e.g. Covid 19)	
Other Disease or Serious Injury		Please state			
Allergy to any food or medication		Please state type of food: Please state type of medication			

Is there any member of your family or near relatives who have suffered from tuberculosis, fits or mental health issue? Yes .....

I declare that the answers given above are true and complete.

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

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

**PART B (PHYSICIAN'S REPORT)**

Height:	Weight:	General Condition:
Circulatory System: Pulse		Any Clinical Enlargement:
Blood Pressure:	Systolic:	Diastolic:
Nervous System:	Vision Acuity:	
Tendon Reflexes	Colour Blindness: Normal/Abnormal	
Reflexes:		
Alimentary System: Any Enlargement of Spleen or Liver:		Any Rupture:
Genito-Urinary System: Urine	Hernial Orifices:	
Urine Morphine/Heroin Test:	* Respiratory System: Chest X – Ray	

\*Chest X-Ray is applicable to student registers Diploma or Bachelor programme at UniKL RCMP only.

Comments regarding further examination or recommendations, \_\_\_\_\_

**I hereby certify that I have examined \_\_\_\_\_  
I find him/her \*FIT/UNFIT for placement in Universiti Kuala Lumpur.**

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

Signature & Official Stamp \_\_\_\_\_



**SURAT AKUAN PEMBIAYAAN PELAJAR**

i) \_\_\_\_\_ \*(bapa/ibu/penjaga)

No. Kad Pengenalan \_\_\_\_\_ yang beralamat di \_\_\_\_\_

dan

ii) \_\_\_\_\_ (pelajar)

No. Kad Pengenalan \_\_\_\_\_ yang beralamat di \_\_\_\_\_

Dengan sesungguhnya dan sebenarnya menyatakan dan mengaku bahawa:

1. Saya/Kami dengan ini mengaku akan menjelaskan segala bayaran yuran dan lain-lain bayaran yang berkenaan yang diperlukan di sepanjang program pengajian yang anak/jagaan/saya ikuti mengikuti jangkamasa yang telah ditetapkan oleh Universiti Kuala Lumpur (iaitu di bawah pihak pengurusan Universiti Teknikal MARA Sdn Bhd; No. Syarikat; 570132-T) dari masa ke semasa selama mana yuran-yuran tersebut tidak ditaja/dibayar oleh mana-mana pihak/penaja. Jika anak/jagaan/saya gagal menjelaskan sebarang yuran dan/atau bayaran lain yang dituntut oleh Universiti Kuala Lumpur, maka Universiti Kuala Lumpur tanpa prejudis berhak untuk mengambil sebarang tindakan yang difikirkan sesuai oleh Universiti Kuala Lumpur termasuk memberhentikan anak/jagaan/saya dari meneruskan pengajian dalam program ini dan saya/kami bertanggungjawab sepenuhnya untuk membayar segala bayaran dan/atau tunggakan kepada Universiti Kuala Lumpur sehingga bayaran yang dituntut oleh Universiti Kuala Lumpur diterima sepenuhnya daripada saya/kami.
2. Saya/Kami memberi akujanji bahawa anak/jagaan/saya tidak akan menarik diri selepas mendaftar dalam program ini tanpa terlebih dahulu mendapat persetujuan bertulis dari pihak Universiti Kuala Lumpur. Jika anak/jagaan/ saya ingkar maka saya/kami bertanggungjawab untuk menjelaskan segala yuran dan lain-lain bayaran dan/atau tunggakan termasuk apa-apa bayaran yang dituntut oleh Universiti Kuala Lumpur.
3. Saya/Kami dengan ini memberi akujanji untuk mengindemniti Universiti Kuala Lumpur daripada apa-apa kerugian, tindakan yang dialami oleh Universiti Kuala Lumpur akibat daripada kegagalan saya/kami untuk membayar segala bayaran yang dituntut oleh Universiti Kuala Lumpur dan di atas kegagalan anak/jagaan/saya untuk meneruskan pengajian di Universiti Kuala Lumpur dan/atau dimana-mana tempat seperti yang dikehendaki oleh Universiti Kuala Lumpur.
4. Saya/Kami dengan ini menyatakan bahawa akujanji yang terkandung disini dibuat dengan rela hati dan saya/kami memahami segala kandungan akujanji ini dan saya/kami dengan ini membuat akuan ini dengan kepercayaan bahawa apa-apa yang dinyatakan di sini adalah benar serta tertakluk kepada peruntukan Akta Akuan Berkanun, 1960.

DIPERBUAT dan dengan sebenarnya diakui oleh orang-orang yang tersebut namanya di atas iaitu

(Tandatangan bapa/ibu/penjaga)

(Tandatangan Pelajar)

.....

.....

Nama : \_\_\_\_\_

Nama : \_\_\_\_\_

No. Kad Pengenalan: \_\_\_\_\_

No. Kad Pengenalan: \_\_\_\_\_

Tarikh: \_\_\_\_\_

Tarikh: \_\_\_\_\_

\* Sila potong yang tidak berkenaan

**PENTING: Borang ini WAJIB diisi-lengkap oleh bapa / ibu / penjaga walaupun pelajar ada memohon / menerima tajaan / pinjaman**