



APPLICATION FORM

Vision College KP(JPS) 5195/IPTS/1309

Lot 709-A, 6th Floor, Block E, Kelana Parkview Tower, Jalan SS6/2, Kelana Jaya, 47300 Petaling Jaya, Selangor, Malaysia
Tel: (6)03-7803 8300 Fax: (6)03-7803 8302 E-mail: info@vision.edu.my Website: www.vision.edu.my

A. PERSONAL PARTICULARS (Please use BLOCK LETTERS)

FULL NAME	<input type="text"/>			<input type="text" value="PHOTOGRAPH"/>
	<input type="checkbox"/> Diploma of Health Science	<input type="checkbox"/> Diploma of Health Science (Health Administration)	<input type="checkbox"/> Postgraduate Diploma of Medical Ultrasonography	
NRIC NO	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>	
PERMANENT ADDRESS	<input type="text"/>			
PERMANENT TEL. NO	<input type="text"/>	MOBILE PHONE NO	<input type="text"/>	
CURRENT ADDRESS (if different from above)	<input type="text"/>			
CURRENT TEL NO	<input type="text"/>	MARITAL STATUS	<input type="text"/>	
DATE OF BIRTH	<input type="text"/>	AGE	<input type="text"/>	
NATIONALITY	<input type="text"/>	RACE	<input type="text"/>	
SEX	<input type="checkbox"/> M	<input type="checkbox"/> F		

B. DETAILS OF GUARDIAN OR NEXT OF KIN

FULL NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>		
NRIC NO	<input type="text"/>	OCCUPATION	<input type="text"/>		
PERMANENT ADDRESS	<input type="text"/>				
HOME TEL NO	<input type="text"/>	MOBILE PHONE NO	<input type="text"/>	OFFICE PHONE NO	<input type="text"/>

C. ACADEMIC RECORDS

HIGHEST EXAMINATION PASSED: SPM STPM DIPLOMA DEGREE ABOVE

SPM/O' LEVELS OR EQUIVALENT: SCHOOL/INSTITUTION _____ YEAR _____

NO	SUBJECT	GRADE	NO	SUBJECT	GRADE
1			6		
2			7		
3			8		
4			9		
5			10		

STPM/A' LEVELS OR EQUIVALENT: SCHOOL/INSTITUTION _____ YEAR _____

NO	SUBJECT	GRADE	NO	SUBJECT	GRADE
1			6		
2			7		
3			8		
4			9		
5			10		

TERTIARY: SCHOOL/INSTITUTION _____ YEAR _____

EXTRA TEST SCORE TOEFL GCE 1119 IELTS score

Please attach **CERTIFIED TRUE COPIES** of the **LATEST TWO LEVELS** of statement of results/transcripts with this application form. Any results that are pending **MUST** be attached as soon as they are released. Forms without the last two levels of results/transcripts will not be processed.

NO	DIPLOMA/DEGREE/POSTGRADUATE STUDY	GRADE
1		
2		

D. RELEVANT WORKING EXPERIENCE

Organization	Position	Date Joined	Date Left

E. DECLARATION

I, the undersigned, declare that the particulars given by me in this form are correct.

Applicant's Signature Date

Vision College will process your applications according to our admission qualification criteria. Our response to your application is two weeks from your time of application. There may be additional processes involved to finalize your admission.

FOR OFFICE USE ONLY
 Date Form Received _____
 Registrar's Signature _____