

**IMU EDUCATION SDN BHD**

**INTERNATIONAL MEDICAL UNIVERSITY**  
**No. 126, Jalan Jalil Perkasa 19, Bukit Jalil**  
**57000 Kuala Lumpur, Malaysia.**  
**Tel: +603-86567228 Fax: +603-86568836**  
**Website: www.imu.edu.my**

Photo

(For Academic Appointments )

**STAFF APPOINTMENT APPLICATION FORM**

Please complete the application form in **BLOCK LETTERS** and enclose a passport size photograph. No spaces should be left blank. If it is not applicable write N/A or NIL. Copies of Certificates or testimonials should be attached. The originals should be brought to the interview.

Post applied for :

**PERSONAL PARTICULARS**

Name in full

Postal Address

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Tel No. (Home) :

Tel No. (Office) :

Mobile No.:

E-Mail :

Date &amp; place of birth:

Age:

Sex :

Marital Status :

Single

Married

Divorced

Please (√) tick

Country of Domicile :

Citizenship :

I/C No. (Color) or Passport No.

Date &amp; Place issued :

Language Proficiency:

Religion:

Hobbies/Interests:

**FAMILY DETAILS**

Spouse's Name:

Profession :

Employer:

No. of Children :

Children's Ages :

Father's Name :

Profession:

Employer:

Mother's Name :

Profession:

Employer:

Brothers:

Sisters:

**EDUCATION** (State School/College/University attended with dates):

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**DIPLOMA/DEGREES** (state areas of concentration/specialization)

Diploma/Degree/University	Month & Year Awarded	Specialization

**TITLE OF MASTERS/DOCTORATE DISSERTATION (PLEASE ATTACH ABSTRACT):**

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**INDICATE SPECIFIC AREAS OF TEACHING:**

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**LANGUAGES FLUENT IN:**

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.....

**LIST AREAS OF RESEARCH INTEREST:**

.....

.....

**PROFESSIONAL QUALIFICATIONS (with dates and other relevant information):**

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**SCHOLARSHIPS & OTHER ACADEMIC AWARDS (dates and awarding body):**

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**MEMBERSHIPS (names of Association/Society, etc. and date joined):**

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**WORKING EXPERIENCE\***

Post Held Name of Post	Employer Name and Full Address	Dates	
		From	Until

\* For each post held, please describe, briefly job specifications and responsibilities

**Present Salary RM**

**Expected Salary RM**

**Period of Notice required**

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**PUBLICATIONS & PRESENTATIONS (please append):**

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**PUBLIC/COMMUNITY SERVICES:**

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**ADDITIONAL INFORMATION**

Do you know anyone in International Medical University (IMU)?  YES  NO  
 (If yes, state name, relationship) \_\_\_\_\_

Have you applied to IMU before?  YES  NO  
 (If yes, state position & year/month of application) \_\_\_\_\_

Have you ever been charged and/or convicted in any criminal court of law?  YES  NO  
 (If yes, please provide details) \_\_\_\_\_

Have you ever been sued and /or convicted for bankruptcy?  YES  NO  
 (If yes, please provide details) \_\_\_\_\_

Have you any active interest in any business undertaking, including family business?  YES  NO  
 (If yes, please give details) \_\_\_\_\_

**MEDICAL AND PHYSICAL STATUS**

Have you suffered from or are you currently suffering from serious illness?  YES  NO  
 (If yes, please provide exact details) \_\_\_\_\_

Are you suffering from any physical disabilities?  YES  NO  
 (If yes, please provide exact details) \_\_\_\_\_

I declare that the information given in this application is true and accurate and I understand that it is a condition of employment that I satisfactorily pass a medical examination. I understand that any misrepresentation of facts given herein will be sufficient cause for IMU to summarily terminate my appointment if, after engagement, the particulars given in this form are found to be false or incorrect.

Enclosed are copies of my education/professional qualification certificate/diploma/degree and/or appropriate recommendation letters.

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

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