



International Medical University
PHARMACY SCHOLARSHIP APPLICATION FORM

Please
paste recent passport
size photograph
here

Please read the instruction sheet carefully before filling in this application form.
Write in **BLOCK LETTERS** using **BLACK** ink.

This scholarship is open to MALAYSIAN CITIZENS only

PART I STUDENT INFORMATION

Name (as in I.C. / passport)			
Correspondence address			
City	State	Postcode	Country
Home tel no.		Home fax no.	
Mobile phone no.		Email	
Marital status		Sex	Age
Place of birth (city)	Country of birth	Date of birth (dd/mm/yy)	
Nationality		Permanent residency	
Ethnicity		Religion	
I/C no.		Passport no.	

PART II BACKGROUND INFORMATION

	Father	Mother	Guardian (if applicable)
Full name			
			Relationship:
Correspondence address			
City			
State			
Postcode			
Country			
Home tel no.			
Home fax no.			
Mobile phone no.			
Office tel / fax no.			
Occupation			
If retired, former occupation			
Employment status*			
Name and address of employer			
Annual income			
If retired, state last drawn salary			
Annual joint household income**			
Highest education level			
Are your parents	<input type="checkbox"/> Currently married <input type="checkbox"/> Deceased (<input type="checkbox"/> mother / <input type="checkbox"/> father)		<input type="checkbox"/> Divorced / separated <input type="checkbox"/> Others (specify)

BACKGROUND INFORMATION (continued)

Name of siblings		Age	Occupation	Annual Income
	<input type="checkbox"/> brother <input type="checkbox"/> sister			
	<input type="checkbox"/> brother <input type="checkbox"/> sister			
	<input type="checkbox"/> brother <input type="checkbox"/> sister			
	<input type="checkbox"/> brother <input type="checkbox"/> sister			
	<input type="checkbox"/> brother <input type="checkbox"/> sister			

PART III EMERGENCY CONTACT (Other than parents / guardian)

Name		Relationship
Address		Home tel no.
		Mobile phone no.
Postcode	Country	Office no.

PART IV ACADEMIC INFORMATION

A. EDUCATION INSTITUTIONS ATTENDED (List in descending order)

Dates		Name of Institution	Town / City / Country
From (mm/yy)	To (mm/yy)		

B. MAJOR EXAMINATIONS OR ASSESSMENTS FOR WHICH RESULTS ARE KNOWN AT SPM, O-LEVEL OR EQUIVALENT

Examination:							
Year	Board	Subject	Grade	Year	Board	Subject	Grade

ACADEMIC INFORMATION (continued)

C. MAJOR EXAMINATION OR ASSESSMENTS AT STPM, A-LEVEL OR EQUIVALENT

Examination:						
Month	Year	Name of examination board	Subjects	Level	Forecast	Actual

D. ADDITIONAL QUALIFICATIONS (Degree, diploma)

From (mm/yy)	To (mm/yy)	Name of university	Qualification

E. ENGLISH PROFICIENCY

Year	Examination	Results	Year	Examination	Results	Band score
	SPM English			IELTS		
	SPM 1119			TOEFL		
	O-level English			MUET		

F. REFEREE (College principal, programme coordinator, etc)

Name	
College / University Address	
Tel no.	
Fax no.	

PART V ADDITIONAL INFORMATION

Do you have any family members who are pharmacists? If Yes, state relationship:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any family friends who are pharmacists?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any of your family members enrolled as a student at the IMU? If Yes, please indicate name and relationship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been involuntarily withdrawn from any medical / pharmacy school? If Yes, please elaborate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted, charged, or under investigation for any offence(s) in any country? If Yes, please elaborate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are not applying from a school, state what you have been doing since you finished school.		
If you are currently enrolled at a university or institute of higher learning, please state name and course of study.		
Have you held any position of responsibility in schools such as prefect, committee member of societies, etc. Please enclose details as Appendix A .		
Write a short essay (approx. 1,500 words) on why you want to be a pharmacist and include your perception of a pharmacist's life. This should be type-written and enclosed as Appendix B .		
Write a short essay on reasons why you need the pharmacy scholarship. This should be type-written and enclosed as Appendix C .		

PART VI MEDICAL INFORMATION

Name of family doctor		
Address	Contact No.	
Do you have any history of mental illness? If yes, please explain and attach a medical report.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any visual or hearing defects? If yes, specify the nature of these conditions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MEDICAL INFORMATION (continued)

Do you suffer from any physical disability? If yes, specify the nature of these conditions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you suffer from any chronic illness? If yes, specify the nature of these conditions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you suffered any illness which may interfere with your ability to complete studies in university? Please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any additional information you wish to give to the Scholarship Selection Committee eg personal or domestic circumstance that may have a bearing on the assessment of your application?		

PART VII OTHER

A. SCHOLARSHIPS, AWARDS OR SPECIAL ACADEMIC ACHIEVEMENTS

Year	Achievement	

B. COMMUNITY SERVICE, CLINICAL, PHARMACY OR HOSPITAL EXPERIENCE

Year	Experience	

C. EMPLOYMENT HISTORY (List in descending order)

Year	Designation	Place of employment

D. EXTRA CURRICULAR ACTIVITY

Give details of your extra-curricular activities and hobbies. Wherever possible, please provide documentary evidence e.g. records or certificates awarded. Written records from your Head of education institution and/or sports body will be helpful. (This should be enclosed).

	Type/Name	Position Held	Dates
1) Sports	i) ii) iii) iv)		
2) Uniformed organizations	i) ii) iii) iv)		
3) Clubs/Societies	i) ii) iii) iv)		
4) Charities/Societies	i) ii) iii) iv)		
5) Others	i) ii) iii) iv)		
6) Hobbies	i) ii) iii) iv)		

PART VIII DECLARATION

B. DECLARATION OF APPLICATION

I, declare that the information provided by me in connection with
my application is TRUE and CORRECT.
Applicant name

I understand that the International Medical University (IMU) reserves the right to vary or reverse any decision regarding admission, enrollment or scholarship status made on the basis of incorrect or incomplete information.

Witnessed by :

.....
Signature of applicant

.....
Signature of parent / spouse / guardian

Date :

Name :
I.C./Passport No.
Date :

*Employment Status

1. Government Servant
2. Private Sector Employee
3. Self-Employed
4. Retired Government Servant
5. Retired Private Sector Employee
6. Unemployed

**Evidence of financial status

Please submit copies of any of the following for both parents:

1. J / EA / BE Forms – 3 years
2. If retired from public sector, a copy of pensioner's card (kad pesara) and documented evidence of pension.
3. If retired from private sector, a copy of EPF a/c and a letter from employer stating amount of last drawn salary
4. If your parent is a government servant, a letter from his/her head of department stating their income level
5. Copy of pay slips (last 3 months) and letter from employer verifying the income levels
6. If unemployed, a testimonial from public notary, (surat akuan) or from the head of village (Penghulu Mukim)
7. If self-employed, your individual tax form (borang perseorangan)