



# MELAKA MANIPAL MEDICAL COLLEGE

Affix passport  
size photo

## APPLICATION FORM UNDERGRADUATE PROGRAMME

### PART 1 (A) APPLICATION

Programme : ☐ **Medicine** ☐ **Dentistry**

Type of Application ☐ Fresh Application ☐ Re - Application

	FOR OFFICE USE ONLY
Date Received	<input type="text"/>
Receipt Number	<input type="text"/>
Application No.	<input type="text"/>

### PART 1 (B) PROCESSING FEE

Non-refundable processing fee of RM500 (Malaysian) / USD150 (International) payable to **JVMC Corporation Sdn. Bhd.**  
Processing fee is **NON REFUNDABLE** regardless of the outcome of the application

Cheque / Bank Draft

☐ No: \_\_\_\_\_  
Bank: \_\_\_\_\_

☐ TT into our Malayan Banking, Melaka Account No:  
5040 2124 8969 (Please send photocopy of payment slip)

☐ Cash

### PART 2 STUDENT INFORMATION

Title ☐ Mr ☐ Ms ☐ Others \_\_\_\_\_

Name (as in NRIC/passport)

Correspondence Address

Home Tel No.

Office Tel No.

Home Fax No.

Office Fax No.

Mobile Phone No.

E-mail Address

Sex

Marital Status

Race

Age

Nationality

Bumiputera Status  
(Malaysians only) ☐ Yes ☐ No

Date of Birth

NRIC No.  
(Malaysian only)

Place of Birth

Passport No

### PART 3 PARENT / GUARDIAN INFORMATION

#### 3.1 FATHER

Title ☐ Dr ☐ Mr ☐ Others (Please specify, e.g. Tan Sri, Datuk, etc) \_\_\_\_\_

Name (as in NRIC/passport)

Correspondence Address

NRIC /Passport No.

Home Tel No.

Office Tel No.

Mobile Phone No.

Office Fax No.

Occupation

E-mail Address

Company

Annual Income

### 3.2 MOTHER

Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Mdm	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Others (Please specify, Tan Sri, Datuk, etc)	
Name (as in NRIC/passport)	<input type="text"/>					
Correspondence Address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
Home Tel No.	<input type="text"/>		Office Tel No.	<input type="text"/>		
Mobile Phone No.	<input type="text"/>		Office Fax No.	<input type="text"/>		
Occupation	<input type="text"/>		E-mail Address	<input type="text"/>		
Company	<input type="text"/>		Annual Income	<input type="text"/>		

### 3.3 GUARDIAN (If applicable)

Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mdm	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Others (Please specify, e.g. Tan Sri, Datuk, etc)	
Name (as in NRIC/passport)	<input type="text"/>						
Correspondence Address	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						
Home Tel No.	<input type="text"/>			Office Tel No.	<input type="text"/>		
Mobile Phone No.	<input type="text"/>			Office Fax No.	<input type="text"/>		
Occupation	<input type="text"/>			E-mail Address	<input type="text"/>		
Annual Income	<input type="text"/>			Relationship	<input type="text"/>		
Company	<input type="text"/>						

### 3.4 EMERGENCY CONTACT (Other than parents / guardian)

Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mdm	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Others (Please specify e.g. Tan Sri, Datuk, etc)	
Name (as in NRIC/passport)	<input type="text"/>						
Correspondence Address	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						
Home Tel No.	<input type="text"/>			Office Tel No.	<input type="text"/>		
Home Fax No.	<input type="text"/>			Office Fax No.	<input type="text"/>		
Mobile Phone No.	<input type="text"/>			E-mail Address	<input type="text"/>		
				Relationship	<input type="text"/>		

## PART 4 ADDITIONAL INFORMATION

4.1 SIBLINGS					
		Number of Siblings		Child Ranking	

No	Name	Age	Sex	Occupation	Ever enrolled at MMC
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No

4.2 FINANCIAL SUPPORT	
<input type="checkbox"/> Self-sponsored <span style="margin-left: 200px;"><input type="checkbox"/> Sponsored (Please attach document)</span>	
Invoice to be sent to: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Father  <input type="checkbox"/> Mother  <input type="checkbox"/> Other (Please enclose details)                 </div> <div> <input type="checkbox"/> JPA  <input type="checkbox"/> MARA  <input type="checkbox"/> Other (Please specify)                 </div> </div>	

4.3 OTHERS	
a. Has any of your family members, other than your siblings, enrolled as a student at the MMC? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, please indicate name and relationship.	
Name	Relationship
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
b. Have you ever involuntarily withdrawn from any institution of higher learning? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, please elaborate (attach document). <hr/>	
c. Have you ever been convicted, or under investigation for any offence(s) in any country? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, please elaborate (attach document). <hr/>	

## PART 5 ACADEMIC INFORMATION

### 5.1 EDUCATION INSTITUTIONS ATTENDED (Please attach certified true copies of certificates and academic transcripts)

From (mm/yy)	To (mm/yy)	Qualification	Institution/ University

### Qualifying Examination: SPM and STPM or equivalent

QUALIFYING EXAMINATION	NAME & ADDRESS OF SCHOOL / COLLEGE	YEAR	PHYSICS	CHEMISTRY	BIOLOGY	MATHS	ADD MATHS	ENGLISH

**PART 6 OTHER****6.1 SCHOLARSHIP, AWARDS OR SPECIAL ACADEMIC ACHIEVEMENTS**

Date (mm/yy)	Achievements

**6.2 COMMUNITY SERVICE, CLINICAL OR HOSPITAL EXPERIENCE**

Date (mm/yy)	Position / Experience

**6.3 EMPLOYEMENT HISTORY**

Date (mm/yy)	Position / Experience

**PART 7 SOURCE OF FUNDING****7.1 INVOICES AND EXAMINATION RESULTS SHOULD BE SENT TO:**

Title ☐ Dr ☐ Mr ☐ Mdm ☐ Ms ☐ Others (Please specify, e.g. Tan Sri, Datuk, etc) \_\_\_\_\_

Name (as in NRIC/passport)

Correspondence Address

Home Tel No.

Office Tel No.

Home Fax No.

Office Fax No.

Mobile Phone No.

Relationship

PART 8 MEDICAL	
<b>8.1 MEDICAL REPORT</b>	
a. 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
b. Do you have any visual or hearing defects? If yes, specify the nature of these conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you suffer from any physical disability? If yes, specify the nature of these conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you suffer from any chronic illness? If yes, specify the nature of these conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you suffered from any illness which may interfere with your ability to complete your studies at the University? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Any additional information you wish to give to the Admission Committee e.g. personal or domestic circumstances that may have a bearing on the assessment of your application?	

PART 9 DECLARATION	
<b>9.1 DECLARATION BY APPLICANT</b>	
<p>I wish to apply for admission to the <b>MELAKA MANIPAL MEDICAL COLLEGE MBBS PROGRAMME</b> and declare that to the best of my knowledge and belief, the above particulars are true. I agree that registration of this application does not confer any right on me in respect of selection for admission, which is solely left to the discretion of the institution. If I am given admission I affirm I will be subject to and follow all the regulations of the institution.</p> <p>Signature: _____ Date : _____</p> <p>Name: _____</p>	
<b>9.2 DECLARATION BY PARENT / GUARDIAN</b>	
<p>I hereby declare that the information given in this form is true. I am aware of the financial obligation of my child/ward studying at this institution and I undertake to pay the tuition and other fees payable to the institution under it's rules. I also affirm that my child/ward will follow and be subject to all regulations of the institution.</p> <p>Signature of Parent: _____ Date : _____</p> <p style="text-align: center;">(Father) (Mother)</p> <p>Name: _____</p> <p>Signature of Guardian: _____ Date : _____</p> <p>(If Applicable )</p> <p>Name: _____</p>	

## PART 10 APPLICATION CHECKLIST

Please use this check list to ensure that all documents are in order. Incomplete applications may result in a delay in processing of the application. You are NOT REQUIRED to submit this checklist.

1. Crossed cheque / bank draft for payment of processing fee made payable to 'JVMC Corporation Sdn. Bhd.' Please take note that this fee is NON REFUNDABLE regardless of the outcome of your application.  
( Malaysian Applicant: RM500, International Applicant: USD150 )
2. Duly completed Melaka Manipal Medical College Application Form
3. Affixed one photo on the application form (Please include 3 extra photos)
4. Certified true copy of Identity Card
5. Certified true copy of Birth Certificate
6. Hepatitis B, Hepatitis C and HIV screening lab report (for Dentistry Programme only)
7. Certified true copy of academic transcript at SPM / O Level or equivalent.
8. Certified true copy of academic transcript STPM/A Level or equivalent. If your actual result has not been released, certified true copy of the forecast result must be enclosed.
9. Certified true copy of academic documents at diploma / tertiary level – Transcript, Certificate and its corresponding grading system at the awarding institution ( *if applicable* )

**Notes:** All documents must be certified by your previous Head of School / Category A government officers or by Commissioner of Oath (Malaysian Applicant)  
All international candidates applying for admission to our college are required to submit all documents duly attested by the Malaysian Consulate Office.

## PART 11 CLARIFICATIONS

The College retains the right to decide on matters not specifically provided for in this prospectus. Any clarifications required may be sought from Melaka-Manipal Medical College at the following address:

**MELAKA MANIPAL MEDICAL COLLEGE**  
**Jalan Batu Hampar, Bukit Baru, 75150 Melaka.**  
**Tel: 606-2925 849 / 50 / 51 Fax: 606-2817 977 / 2925 852**  
**E mail: [info@manipal.edu.my](mailto:info@manipal.edu.my) Website: [www.manipal.edu.my](http://www.manipal.edu.my) / [www.manipal.edu/melaka](http://www.manipal.edu/melaka)**