



**Foundation in Sciences offered at MAHSA University** (KPT/JPS (R2/010/3/0130)(A9348))

*\*This Form is required to be fulfilled by students who wants to enroll PIDC DDS program (preferential FIS to DDS bundle package)*

Name : Mr/ Mrs / Ms \_\_\_\_\_

Gender : Male  Female

Date of Birth : \_\_\_\_dd\_\_\_\_mm\_\_\_\_yy

Nationality : \_\_\_\_\_ Place Of Birth : \_\_\_\_\_

Race : Malay  Chinese  Indian  Others : \_\_\_\_\_

NRIC (Malaysian) or Passport No. (International): \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Home Tel : \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email : \_\_\_\_\_

Intake 2020 (Please tick one) : April  May  July  Sept

SPM / O- LEVEL Results

School / College Attended: \_\_\_\_\_ Examination Year: \_\_\_\_\_

No	Subject	Grade	No	Subject	Grades
1			6		
2			7		
3			8		
4			9		
5			10		

1. I hereby verify that all information given in this application is complete, accurate and true to the best of my knowledge
2. I hereby agree that Penang International Dental College has the right to vary or reserve any decision in respect of my application in the event that information given is found to be incomplete, inaccurate or false
3. I give permission to Penang International Dental College to have access to my personal data. I understand that this data will only be available to employees managing the information to government authorities and contracted services providers for the purpose of providing service related to my application. The data shall not be shared without my permission unless ordered by a court of law
4. If I am admitted, I agree that I will honour the Penang International Dental College's academic and ethical standards and that I will abide by all requirements established by the Penang International Dental College concerning academic progress, health and conduct.

\_\_\_\_\_  
Signature of Applicant

IC No/ Passport No: \_\_\_\_\_

Date:

**G. FOR OFFICE USE ONLY**

<b>MARKETING &amp; PROMOTION CENTER</b>		
Recommended by Agent / Student / Alumni  _____  Signature  Name: Date:	<input type="checkbox"/> Document Complete  <input type="checkbox"/> Documents Required (Please specify).....  Promotion Scheme:  1.	Counselling by,  _____  Signature & Stamp  Name: Date:
<b>FINANCE AND ACCOUNTS DEPARTMENTS</b>		
<input type="checkbox"/> Application Fees Enclosed: Bankers Cheque / Bank Draft No: _____  Cash : _____  Others : _____		_____  Signature & Stamp  Name: Date:
<b>STUDENT ADMISSION DEPARTMENT</b>		
<input type="checkbox"/> Document Complete  <input type="checkbox"/> Documents Required (Please specify).....  Remarks:		_____  Signature & Stamp  Name: Date:
<b>ACADEMIC SELECTION COMMITTEE</b>		
<input type="checkbox"/> Accepted <input type="checkbox"/> Condition Acceptance <input type="checkbox"/> KIV <input type="checkbox"/> Rejected		_____  Signature & Stamp  Name: Date:
For Conditional Acceptance /KIV/ Rejected (please state reason)		_____  Signature & Stamp  Name: Date: