

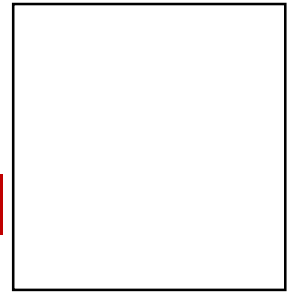


APPLICATION FORM

No. Perakuan Pendaftaran MOHE:DK193 (P)

DOCTOR OF DENTAL SURGERY (DDS)

CREDIT TRANSFER



PERSONAL DETAILS

Name : Mr/Mrs/Ms _____

Sex : Male Female

Date Of Birth : __Dd__Mm__Yy

Nationality : _____

IC No./ Passport No.: _____

Correspondence Address : _____

Home Tel : _____ Mobile No. : _____

E-Mail : _____

Parents/ Guardian Information

Name : Father/ Mother/ Guardian _____

Correspondence Address : _____

Home Tel : _____ Mobile No. : _____

Office Tel : _____

Annual Income : _____ Occupation of parents/ guardian: _____

Survey question

How did you hear about Penang International Dental College (PIDC)? (you may tick (/) more than one option)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> PIDC Agent | <input type="checkbox"/> website | <input type="checkbox"/> banner | <input type="checkbox"/> billboard |
| <input type="checkbox"/> Education Fair | <input type="checkbox"/> family / friends | <input type="checkbox"/> telemarketing | <input type="checkbox"/> magazine advertisement |
| <input type="checkbox"/> Other websites | <input type="checkbox"/> school events | <input type="checkbox"/> newspaper Adversitements | <input type="checkbox"/> radio / television |

Others (please specify): _____

ACADEMIC QUALIFICATION

SPM RESULTS

School/ College Attended : _____ Examination Year: _____

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

PRE-UNIVERSITY QUALIFICATIONS

STPM A-LEVELS OTHERS (PLEASE SPECIFY) _____

School/ College Attended : _____ Examination Year: _____

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

CURRENT INSTITUTION'S DETAILS

Name Of The Current Institution: _____

Name Of The University: _____

Name Of The Dental Degree Programme : _____

Address Of The Current Institution : _____

Years Of Study: _____ Medium Of Instruction: _____

Degree Awarding Body : _____

CONTACT INFO

Email : _____

Phone : _____

Name Of Dean : _____

Email: _____

Phone: _____

PARENT'S GUARDIAN'S CONSENT

I, _____, the father/ mother/ guardian of _____ (name of applicant), am aware of his / her application to study at Penang International Dental College (PIDC). I, hereby, agree to pay all fees to VIS Professional Portfolio Sdn. Bhd. on behalf of the applicant upon acceptance into the programme.

_____	Date :	Home Tel:
_____	Name :	Office Tel:
_____	IC No./ Passport No.:	Mobile Tel:
Signature	Correspondence Address:	E-Mail:

APPLICATION'S DECLARATION

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

Date: _____ IC No/ Passport No: _____

**PIDC through VIS Professional Portfolio Sdn Bhd will officially notify you on the status of your application. Please take note that submission of the application does not constitute acceptance into the college.*

**PIDC will officially notify you on the status of your application. Please take note that submission of the application does not constitute acceptance into the program.*

Admission Procedure & Criteria

1. Successful candidates will be informed in writing and required to submit the reply slip together with all the necessary initial fees (cash / banker's cheque / bank draft / postal order) made payable to VIS Professional Portfolio Sdn Bhd. If payment is not received by the date stipulated in the offer letter, may not guarantee a place.
2. The admission to the Doctor of Dental Surgery (DDS) Programme is subject to the fulfilment of terms and conditions of the requirements stipulated by the college, Ministry Higher of Educations, Malaysia and any other relevant authorities.

IMPORTANT INFORMATION

1. This application form should be completed in Black Ink and BLOCK LETTRES
2. You may use additional sheets if space provided is insufficient
3. Kindly ensure that all admission requirements are met before submitting the application form. Please contact any of our Marketing officer at 1-300-88-2929 or log on to www.pidc.edu.my for further clarification.
4. A non-refundable processing fee of RM500.00 (Malaysian Students) / USD 150.00 (International Students) is payable to VIS PROFESSIONAL PORTFOLIO SDN BHD and the payment slip must be enclosed together with application form.

Payment Information:

(Application Fee RM500)

Bank Detail : Alliance Bank
Account Name : VIS PROFESSIONAL PORTFOLIO SDN BHD
Account No : 121090010040097

5. List of documents required for processing
 - i. Copy of Identity Card (IC) / First two page of passport (International Student)
 - ii. Copy of Birth Certificate.
 - iii. Copy of SPM results / transcripts.
 - iv. Copy of Foundation in Science, STPM, A-Level or the other equivalent results / transcripts.
 - v. 1 passport sized photograph.
 - vi. Copy of the Offer Letter from the transferring institution.
 - vii. Copy of all result slips and transcripts from the transferring institutions.
 - viii. Copy of processing fee payment slip

****All the documents should be certified by the Commissioner of Oath registered with the Government of Malaysia or Grade A Government Personnel.***

****Please note that incomplete application form may cause delays in processing of application***

****Additional documents may be required.***

FOR OFFICE USE ONLY

MARKETING & PROMOTION CENTER		
Recommended by Agent / Student / Alumni _____ Signature Name: Date:	<input type="checkbox"/> Document Complete <input type="checkbox"/> Documents Required (Please specify)..... Promotion Scheme: 1. _____ 2. _____ 3. _____	Counsellor by, _____ Signature & Stamp Name: Date:
FINANCE AND ACCOUNTS DEPARTMENTS		
<input type="checkbox"/> Application Fees Enclosed: Bankers Cheque / Bank Draft No: _____ Cash : _____ Others : _____	_____ Signature & Stamp Name: Date:	
STUDENT ADMISSION DEPARTMENT		
<input type="checkbox"/> Document Complete <input type="checkbox"/> Documents Required (Please specify) Remarks:	_____ Signature & Stamp Name: Date:	
ACADEMIC SELECTION COMMITTEE		
<input type="checkbox"/> Accepted <input type="checkbox"/> Condition Acceptance <input type="checkbox"/> KIV <input type="checkbox"/> Rejected		
For Conditional Acceptance /KIV/ Rejected (please state reason)		_____ Signature & Stamp Name: Date:

Please return this form to:
 Penang International Dental College
 Marketing & Promotion Centre
 17th Floor, NB Tower, Jalan Bagan Luar
 12000, Butterworth, Penang, Malaysia

For more information please contact:
 Tel : 1-300-88-2929 Fax : 04-3292921
 Email : admission@pidc.edu.my
 Website : www.pidc.edu.my