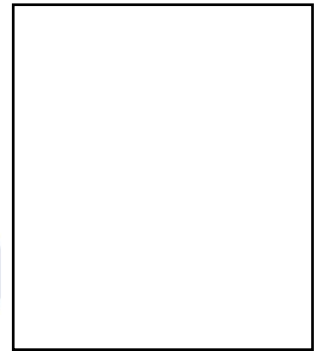




PENANG
INTERNATIONAL
Dental College

APPLICATION FORM
No. Perakuan Pendaftaran MOHE: DK193(P)



DOCTOR OF DENTAL SURGERY (DDS)

PART A. PERSONAL DATA

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: _____

Parents/Guardian Information:

Name (Father/Mother/Guardian): _____

Correspondence Address: _____

Home Tel: _____ Mobile No: _____ Office Tel: _____

Annual Income: _____ Occupation of Parents/Guardian: _____

Student Pass (Only For International Student)

Are you currently holding any type of Malaysian Immigration Pass? Yes No

Pass Type: Social Visit Student Dependant Diplomatic MM2H

Pass expiry date: _____

Survey Question

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

- PIDC Agent
- Website
- Banner
- Billboard
- Education Fair
- Family/Friends
- Telemarketing
- Magazine Advertisement
- Other Websites
- School events
- Newspaper Advertisement
- Flyers Advertisement Radio/Television

Others (please specify): _____

PART B. ACADEMIC QUALIFICATION

SPM / O- LEVEL Results

School / College Attended: _____ Examination Year: _____

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

OTHER QUALIFICATION

Foundation in Science Matriculation STPM ALevel

Others (Please Specify): _____

School / College Attended: _____ Examination Year: _____

No	Subject	Grade	No	Subject	Grade
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

CGPA/ATAR/average (if applicable): _____

ENGLISH LANGUAGE QUALIFICATION (if applicable)

EnglishTestTaken IELTS TOEFL MUET ENGLISH 1119

Others (Please Specify): _____

School / College Attended: _____ Examination Year: _____

PART C. ACCOMODATION (MAHSA CAMPUS)

Hostel Required (Subject to Availability) Hostel Not Required

PART D. PARENTS / 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.

Date:

Home Tel:

Name:

Office Tel:

IC No / Passport No:

Mobile No:

Correspondent Address:

Email:

Signature of Parent / Guardian

PART E. APPLICANT'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: _____

F. IMPORTANT INFORMATION

Important Note:

1. This application form should be completed in Black Ink and BLOCK LETTERS
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 1-300-88-2929 or log in to www.pidc.edu.my for further clarification.
4. A non-refundable processing fee is payable to VIS PROFESSIONAL PORTFOLIO SDN BHD and the payment slip must be enclosed together with application form.

Programme	Malaysian	International
Doctor of Dental Surgery (DDS)	RM500	USD150

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 Sijil Pelajaran Malaysia (SPM) or high school results/ transcripts.
 - iv. Copy of Foundation in Science, Matriculation, STPM, A-Level or the other equivalent results / transcripts.
 - v. 1 passport sized photograph.
 - vi. 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.*

ADMISSION PROCEDURES & 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.

G. 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	_____ Signature & Stamp Name: Date:	
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