

**DISCOVER
YOUR FULL
POTENTIAL
WITH US**



**APPLICATION FORM
UNDERGRADUATE PROGRAMME
NON MALAYSIAN CITIZEN**

INSTRUCTION

1. Please complete this form in BLOCK CAPITALS using a BLACK ballpoint pen.
2. Please ensure all sections are completed. If any section is not applicable, write NA.
3. Please enclose certified true copies of supporting documents.
These documents will not be returned and will remain the property of PETRONAS.

A. PROGRAMME PREFERENCES

1.
2.
3.

B. PERSONAL DETAILS

NAME	<input type="text"/>		
PASSPORT/ID NO.	<input type="text"/>		
GENDER (please tick)	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
NATIONALITY	<input type="text"/>		
MARITAL STATUS (please tick)	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	OTHERS : <input type="text"/>
DATE OF BIRTH	<input type="text"/>		
HOME ADDRESS	<input type="text"/>		
TELEPHONE NO.	<input type="text"/>		
MOBILE NO.	<input type="text"/>		
EMAIL ADDRESS	<input type="text"/>		

C. PARENT/GUARDIAN DETAILS

	MOTHER	FATHER	GUARDIAN
NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
PASSPORT/ID NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>
NATIONALITY	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME ADDRESS

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TELEPHONE NO.

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MOBILE NO.

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E-MAIL ADDRESS

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OCCUPATION

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RELATIONSHIP

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D. ACADEMIC DETAILS

HIGHEST LEVEL OF STUDY
OR HIGHEST
QUALIFICATION ATTAINED

--

YEAR OF EXAMINATION

--

NAME OF SCHOOL/
COLLEGE/UNIVERSITY

--

EXAMINATION RESULTS

SUBJECT	GRADE/MARK
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

E. HEALTH DETAILS

DO YOU HAVE ANY PHYSICAL DISABILITY?

<input type="checkbox"/>	NO
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<input type="checkbox"/>	YES (provide details)
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DO YOU HAVE ANY ILLNESS OR MEDICAL
PROBLEM OR TREATMENT OPERATION?

<input type="checkbox"/>	NO
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<input type="checkbox"/>	YES (provide details)
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ARE YOU CURRENTLY UNDERGOING ANY
MEDICAL TREATMENT?

<input type="checkbox"/>	NO
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<input type="checkbox"/>	YES (provide details)
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ARE YOUR SIBLINGS CURRENTLY RECEIVING EDUCATION SPONSORSHIP FROM PETRONAS?

YES

NO

PLEASE PROVIDE DETAILS (if any)

NAME	PASSPORT/ ID NO.	UNIVERSITY	PROGRAMME
1.			
2.			
3.			

ARE YOU CURRENTLY RECEIVING ANY FINANCIAL ASSISTANCE OR EDUCATION SPONSORSHIP FROM OTHER INSTITUTION, FUND OR FOUNDATION?

Details (if any)

F. DECLARATION

1. By submitting your details, you are allowing PETRONAS to use your personal data for the purposes of your application for the education sponsorship and/or the further usage of the same in the event you are successful in your application, including disclosing such data to any education institution for the purposes of securing a placement.
2. The personal data collected shall be kept safely at PETRONAS and the data will be retained for a reasonable period or for as long as the law requires.
3. In the event you are unsuccessful in your application, PETRONAS shall destroy all personal data submitted by you, together with any other related documents submitted thereto.
4. The accuracy of the personal information depends to a large extent on the information you provide. Therefore, kindly update PETRONAS as and when your personal information provided earlier becomes incorrect or out of date by contacting us via the contact details stated in the provision below.
5. If at any time, you wish to withdraw such consent you have given for the usage of your personal data, you may contact us at 03-2331 2277 @ email: edu_sponsorship@petronas.com.my for further action.
6. I declare that the information provided in this application are true to the best of my knowledge and belief, and I have not willfully suppressed any material facts. Any misinterpretation or omission of information will be grounds for withdrawal or dismissal.

SIGNATURE OF APPLICANT

NAME

PASSPORT/ID NO.

DATE