AIMST UNIVERSITY

REGISTRATION FORM

No. Perakuan Institusi : DU010(K)

INSTRUCTIONS: Please **complete** this form and submit the form during registration. This form must be returned to Student Admissions & Records Division

A. PERSONAL DETAILS

Name: (As per I.C/Passport)			
Address:		Home No: Hand phone: Email Add:	
IC No./Passport No:		Gender:	Race:
Date of Birth:	Place of birth:	Marital Status:	Religion:
Parent's/Guardian's Name:		IC No./Passport No:	
Relationship:		Hand phone:	
Address:		Home No:	Office No:

B. PROGRAMME OF STUDY

Admission Level: Year_____ Term/Semester_____ Faculty:	Duration:	Intake:
Name of programme enrolled (As per Offer Letter)		

C. DECLARATION

Upon registration on this day I have been given the following documents:

- Fee Structure and Refund Policy
- PTPTN Checklist *(for Degree & Diploma only)*
- Equal Opportunities Monitoring Form
- Medical Report Form
- Consent Form for Medical Emergency Care

I declare that I have read and fully understand the contents of this form and that all the statements contained in this form and in my application form is true. I understand that my candidature in this University may be cancelled or suspended if any are found to be false. In signing this REGISTRATION FORM I accept that I will be bound by the terms, conditions and policies stated in the documents stated above. I also undertake to pay all the fees for the programme I am enrolled as stipulated by the University.

Signature_____ Date _____

FOR OFFICE USE

ID No. | | | | | | | | | |

Payment RM_____ Signature _____

Billing RM_____ Signature _____

By submitting your personal data to us, you consent to us collecting, using, disclosing and processing your personal data in accordance with our PDPA Notice. Please refer to our website www.aimst.edu.my for further details. If you agree for your personal data to be collected and processed by us please tick (√) in the box below.

( ) **Agree** ( ) **Disagree**

_____
Name :
I/C No./Pasport No. :
Date :

AIMST UNIVERSITY

No. Perakuan Institusi : DU010(K)

Consent Form For Medical Emergency Care

Student's Name	:
Date of Birth	:
Age	:
Gender	:
Phone No. :	

Please list any medical conditions that the AIMST staff needs to be aware of (allergies, medication used, operations undergone, physical needs, etc.):

If parents or guardian are not available in an emergency, please notify:

Name :	
Relationship :	
Home Phone No.:	
Mobile Phone No.:	

Medical Emergency Consent

In case of medical emergency, I understand that every reasonable effort will be made to contact me. In the event that I cannot be reached, this consent shall allow the AIMST staff to obtain whatever emergency treatment/care deemed necessary for the health and well-being of this student. In case of medical emergency,
I consent to any X-ray examination, injections, anesthetic, medical, dental or surgical diagnostic testing and treatment or surgery to be rendered to the student under the supervision and on the advice of a licensed physician.
AIMST/ AIMST Staff will NOT be held liable for any consequences that may follow.

Signature of Parent or Guardian	Name :
	IC No:
	Relationship :
	Date:

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( ) **Agree** ( ) **Disagree**

_____
Name :
I/CNo./PasportNo. :
Date :

AIMST UNIVERSITY

Equal Opportunities Monitoring Form

AIMST University is committed to ensuring that all applicants are considered equal, irrespective of gender, marital status, disability, religion, social class, nationality or ethnic origin.
In order to monitor the effectiveness of our Equal Opportunities Policy, we require applicants to provide the information outlined below. This information is confidential. In the event of your admission to the course, this information will form part of your student record and will continue to be used for monitoring purposes throughout your studies at AIMST University. Acceptance into our programmes does not imply automatic registration into the regulatory bodies.

PERSONAL DETAILS (Please complete in CAPITAL letters)
FIRST NAME:_____ Surname/Family Name: _____

Date of Birth (Day/Month/Year)_____ Nationality: _____

I have no disability ☐ Please enter (✓) in the box if the statement is true.

DISABILITY
If you are disabled, have a specific learning difficulty or long term medical condition that may require adjustments in standards, please let us know. Please indicate (✓) which term is descriptive of your disability:

Dyslexia / Dyspraxia / ADHD	☐	Autistic Spectrum Disorder /Aspergers Syndrome	☐
Low vision/ partially sighted	☐	Unseen disability e.g. diabetes, epilepsy	☐
Deaf / hearing impairment	☐	Disability not listed above	☐
Wheelchair user / mobility difficulties	☐	Multiple Disabilities	☐
Mental Health difficulties	☐	Please specify:_____	

Please list any adjustments or aids you think you may require:

Criminal Conviction (S)

If you have a relevant criminal conviction, please enter (✓) in the box: ☐
Relevant criminal convictions are only those convictions for offences against a person, whether of a violent or sexual nature, and convictions for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. However, if you are applying for courses in teaching, health, social work and courses involving work with children or vulnerable adults, you must tell us about criminal convictions, including spent sentences and cautions (Including verbal cautions) and bind – over orders. I understand that failure to disclose such information may result in the revocation of an offer of admission.

Date:_____ Signature: _____

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( ) **Agree** ( ) **Disagree**

_____
Name :
I/CNo./PasportNo. :
Date :

AIMST UNIVERSITY

No. Perakuan Institusi : DU010(K)

MEDICAL REPORT FORM

INSTRUCTIONS:

Student is required to complete PART "A" and Examining Physician (Doctor) will complete PART "B". Suppression or falsification of facts can result in rejection of application.

. A.MEDICAL INFORMATION

Applicant's Name: *(BLOCK LETTERS)*			
Programme to be enrolled :	Age:	Single / Married	
NO IC/Passport	Gender :	Race	
Have any members of your family or near relatives suffered from tuberculosis, HIV/AIDS or Hepatitis B or C?		Yes	No
Do you have any history of mental illness or seizures? If yes, please explain and attach a medical report.		Yes	No
Do you have any visual or hearing defects? If yes, specify the nature of these conditions.		Yes	No
Do you suffer from any physical disability? If yes, specify the nature of these conditions.		Yes	No
Do you suffer from any chronic illness? If yes, specify the nature of these conditions.		Yes	No
Have you ever been rejected for university / college admission on medical grounds?		Yes	No
Have you suffered from any illness which may interfere with your ability to complete your studies in the university? If yes, please explain.		Yes	No
Do you wish to give any additional information to the Selection Committee, e.g. about personal or domestic circumstances, that may have a bearing on the assessment of your application?			

DECLARATION BY APPLICANT

I declare that all answers are, to the best of my knowledge and belief, true. I am fully aware that if I withhold any information, this ***PRE-ADMISSION*** *examination will be considered null and void, and I will not hold the University responsible for my failure to gain admission. I hereby grant permission to the examining physician to disclose any and all medical information herein or hereinafter furnished by me to the University when deemed necessary.*

SIGNATURE OF APPLICANT DATE

Instruction: Doctors are requested to fill in **all** the required information. Attach the investigation report (i.e Lab test report, X-ray report, etc) together with this form. Thank you

REV_6

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( ) **Agree** ( ) **Disagree**

Name :
I/C No./Passport No. :
Date :

PAST MEDICAL HISTORY

Has this person ever had or suffered from the following:

Allergic reactions	Yes	No	Metabolic Disorder	Yes	No
Asthma	Yes	No	Respiratory Disease	Yes	No
Diabetes Type 1 or Type 2	Yes	No	Bowel Disease	Yes	No
Hypertension	Yes	No	Kidney Disease	Yes	No
Heart Disease	Yes	No	Skin Disease	Yes	No
Cancer	Yes	No	Mental Illness	Yes	No
Congenital Anomaly	Yes	No	Musculoskeletal Disease	Yes	No
Epilepsy	Yes	No	Impaired Senses	Yes	No
Gynecological Problem	Yes	No	Autoimmune Disease	Yes	No

IS THERE ANY HISTORY OF HOSPITALISATION? (Please specify)

SOCIAL HISTORY

Smoking	Yes	No	Drug Abuse	Yes	No
Alcohol	Yes	No			

REVIEW OF SYSTEM

Has the student suffered from

Severe Chest Pain	Yes	No	Haemoptysis or haemetemsis	Yes	No
Palpitations	Yes	No	Prolonged loss of weight or appetite	Yes	No
Chronic Cough	Yes	No	Breathlessness at rest or minimal exertion	Yes	No

PHYSICAL EXAMINATIONS

General

Height		Physical Appearance		Without Glasses	**Left eye**	**Right eye**
Weight		Skin condition		With Glasses		
Blood Pressure		Posture and gait		Color Vision		
Heart Rate						

SYSTEMIC EXAMINATION

1. **Cardiovascular System** : _____
2. **Respiratory System** :_____
3. **Gastrointestinal System** : _____
4. **Neurological System** :_____
5. **Musculoskeletal System** :_____
6. **Urogenital system** :_____

INVESTIGATION (Please attach results to this form))

1. **Chest X-RAY** _____ (Please do not enclose x-ray film)
2. **Blood Group** _____

TESTS FOR:

1. **HIV** _____ (Date: _____)
2. **Hepatitis B antigen and antibody** _____(Date: _____)
3. **Hepatitis C antibody** _____(Date: _____)
4. **Urine Morphine / Heroin** _____(Date: _____)

RECOMMENDATION (Please tick ✓ and specify if necessary)

From the medical history given and based on my clinical examination and investigations done, I am of the opinion that the abovementioned person is medically

FIT **UNFIT** ***for placement in AIMST University***

_____ _____ _____

Doctor's Signature & (Official Stamp) Doctor's Name Date

FOR OFFICE USE

_____ _____ _____

Verified by Doctor's Name Date

AIMST UNIVERSITY

REFUND POLICY

Submission of Written Notice of Withdrawal	Percentage of Refund		
	University Fee		Accommodation Fee
	Quota Programmes	Non Quota Programmes	
Before Registration	100% Full Refund Except Administrative Fee (RM 300)	100% Full Refund	100%
After registration before commencement of class	100% Full Refund Except Administrative Fee (RM 3000)	100% Full Refund Except Administrative Fee (RM 500)	Refund of unutilised of hostel room (if any)
Within 14 days of commencement of class	70 % of University fee	70% of University fee	
After 14 days	No Refund	No Refund	

Notes:-

The above refund policy is applicable for those students made full amount of University Fee

Rev.3 (Updated 06.07.2020)

REPLY SLIP

Kindly email this Reply slip to offerletter84@gmail.com

Student's Name :_____ I/C No. _____

Contact No. :_____ Email:_____

Student's Signature _____ Date (dd/mm/yy) _____

A. ACCEPTANCE OF OFFER

I hereby ☐ **Accept** ☐ **Do not Accept**
☐ **Would like to postpone to_____intake***

The offer to the following programme:

Programme	**Intake**

B. PAYMENT OF FEES

Please read and understand the Fee Structure and Refund Policy. Enrolment is not valid without full payment of fees as stipulated in our Admissions or Offer Letter.

C. REGISTRATION DAY

Please refer to Offer Letter for the correct date, time and venue of the Registration Day. All registration is subject to availability of seat whenever applicable.

D. POSTPONEMENT OF INTAKE (If applicable)

Your offer letter is void once you request for a postponement. However a new offer letter will be subsequently issued.
*I wish to postpone my enrolment due to the following reason(s):

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( ) **Agree** ( ) **Disagree**

Name :
I/C No. /Passport No. :
Date :