



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.

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 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 :



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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/C No./Pasport No. :
Date :

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 | <input type="checkbox"/> | Autistic Spectrum Disorder /Aspergers Syndrome | <input type="checkbox"/> |
| Low vision/ partially sighted | <input type="checkbox"/> | Unseen disability e.g. diabetes, epilepsy | <input type="checkbox"/> |
| Deaf / hearing impairment | <input type="checkbox"/> | Disability not listed above | <input type="checkbox"/> |
| Wheelchair user / mobility difficulties | <input type="checkbox"/> | Multiple Disabilities | <input type="checkbox"/> |
| Mental Health difficulties | <input type="checkbox"/> | 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/C No./Pasport No. :
Date :



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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

AIMST-SOP-07-01_FRM006

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)

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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 haemetemesis	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	<input type="text"/>
Weight	<input type="text"/>
Blood Pressure	<input type="text"/>
Heart Rate	<input type="text"/>

Physical Appearance
 Skin condition
 Posture and gait

Visual Acuity

<input type="text"/>	Without Glasses
<input type="text"/>	With Glasses
<input type="text"/>	Color Vision

Left eye	Right eye
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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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



REPLY SLIP

Kindly email this Reply slip to kanchana@aimst.edu.my

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 _____ :

AIMST UNIVERSITY FINANCIAL INFO FOR LOCAL STUDENTS

FOUNDATION/INSTITUTION	TYPE	ELIGIBILITY	VALUE OF AWARD (RM)	WHEN TO APPLY	PRIORITY COURSES	HOW TO OBTAIN FORM	CONTACT
PTPTN	Loan (1 % INTEREST)	Malaysian Citizen	Depend on program	1 March -30 April 1 September -30 October	All diploma and degree program	Online application through University	Tel: 03-21933000 www.ptptn.gov.my
MIED	Loan (4 % INTEREST)	Malaysian Citizen required 2 guarators	MBBS and BDS RM 10,000.00 per annum. Other program RM 5,000.00 to RM 7,000.00 per annum	1 June - 30th June every year	All program	Online application	Tel : 03-40422885
YAYASAN TUN SAMBANTHAN	Loan	Malaysian Citizen	Not available	August	All courses	By writing to :The executive Secretary Tun Sambathan Foundation, c/o Koperasi NLFCS Berhad Level 10, Wisma Tun Sambathan, No2, Jalan Sultan Sulaiman, Peti Surat 12133, 50768 Kuala Lumpur	03-22731250
KUOK FOUNDATION	Half grant/Half Loan	Malaysia citizen	Ranging from RM 10,000.00 to RM 30,000.00 Per annum	June to July	All Undergraduate courses	Download from https://kuokfoundation.com/	Kuok Foundation Berhad Leter Box No. 110, 16th floor UBN Tower, No 10 Jln P.Ramlee, 50250, K. Lumpur 03-27118428
MALAYSIAN COMMUNITY & EDUCATION FUN (MCEF)	Loan (Interest Free)	Malaysian students, age 18 years and above. Top up loan. Must apply PTPTN loan. MBBS and BDS students can apply from Year 4. Other program students can apply from 2nd Year onwards. Required 3 guarantor	Up to RM 25,000.00 per annum	Anytime	All courses (except foundation studies)	Form can be obtain by calling to the MCEF office	Tel:03-22725179
INDUS FOUNDATION	Loan (Interest Free)	Malaysian Indian Students. Required 2 guarantor	Foundation: Up to RM 25,000.00 per course. Undergraduate up to RM 100,000.00	Anytime	All courses (Except BDS and MBBS)	Online application	http://indus.org.my/
YAYASAN NEGERI SELANGOR	Loan	Applicant / parents born in Selangor. Those who have stayed in Selangor for more than 10 years.	Diploma : 4900 p/annum Undergraduate : 6500-7000 p/annum	February August	All courses	https://www.vayanselangor.org.my	03-7669 1100
PENANG FUTURE FOUNDATION FUND	Scholarship	Penang Citizen, 25 Years or yonger	Tuition fees not exceeding RM 100,000.00	June or July	All courses (Except BDS and MBBS)	https://penangfuturefoundation.my/online-application/	04-646 8833
SOCOSO/PERKESO	Loan	Only open to member and their children. Age 21 Years and below	Based on fees. But must not exceed RM 100,000.00	Anytime	All diploma and Undergraduate Course	From SOCSO Branches	
EPF/KWSP		Open to all member and their child. Member have sufficient amount in EPF account 2	Based on fees.	Anytime	All courses	FROM EPF Branches	
MARA (Tertiary Education Loan Program (TESP)	Loan	The applicant and one of the parents are a Malaysian citizen and of Bumiputera status.	RM 100,000.00 or below	Jun - August	All courses	https://www.mara.gov.my/en/index/education/education-financing	



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)
	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

MEDICAL CHECK UP GUIDELINE

