



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 _____	Duration:	Intake:
Faculty:		
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 :



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)

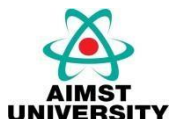
Your offer letter is void once you request for a postponement. However a new offer letter will be subsequently issued.

*I wish to postpone my enrolment due to the following reason(s):

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. /Passport 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:

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 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	

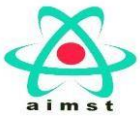


REFUND POLICY

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



AIMST UNIVERSITY
SCHOLARSHIP AND FINANCIAL
SUPPORT UNIT

Kepada : Semua Pemohon PTPTN
Dari : Bahagian Pinjaman Pelajar (UNIT PTPTN)
Perkara : Dokumen Yang Diperlukan Untuk Permohonan PTPTN

Mohon kerjasama pelajar untuk menyediakan semua salinan dokumen sokongan seperti berikut:

- i.** NO PIN PTPTN BERNILAI RM 5.00 (Boleh dibeli dari bank BSN/ dari aplikasi myPTPN. No Pin BSN ini hanya sah untuk digunapakai untuk tempoh masa 6 bulan dari tarikh pembelian PIN di bank. Sila bawa slip no. Pin)
- ii.** SALINAN SURAT TAWARAN AIMST UNIVERSITI
- iii.** SALINAN NOMBOR AKAUN SIMPANAN BANK CIMB. (Akaun harus dibuka atas nama pelajar sahaja.) Daftar untuk "Online Banking".
- iv.** SSPN akaun (cawangan PTPTN/ dari aplikasi myPTPTN dengan harga RM20. Akaun boleh dibuka atas nama penjaga tetapi nama penerima manfaat adalah nama pelajar sahaja).

Sila lengkapkan proses di bawah sebelum memohon pinjaman PTPTN:

Pendaftaran myPTPTN

- Muat turun aplikasi myPTPTN
- Isi maklumat diri dan aktian melalui e-mel
- Log masuk di telefon bimbit untuk pengesahan identiti eKYC

Pengesahan Identiti eKYC:

- Sediakan kad pengenalan yang asli, tidak terkopek dan tidak lusuh
- Ikut arahan ambil gambar depan dan belakang kad pengenalan
- Ambil gambar swafoto dalam lingkungan yang ditetapkan

Note: Universiti akan memberikan bimbingan kepada pelajar bagi permohonan pinjaman PTPTN selepas pendaftaran kemasukan ke universiti



AIMST UNIVERSITY MEDICAL REPORT FORM

1. Read the instructions carefully before filling in the form.
2. The form has 4 sections:
 - (a) Section 1 (Part A and B) to be filled by the candidate; and
 - (b) Sections 2, 3 and 4 are to be filled in by the examining doctor. Please complete all the tests required in this form.
3. Please attach all the original laboratory results/certified true copy of the results must be reported in English. All the tests must be completed within 2 weeks prior to registration. If certified true copy was submitted, the original copy should be submitted during the admission.
4. Please bring along the chest x-ray film and report.
 - a) Please ensure the x-ray report is **labelled** with your name and date taken (**IN ENGLISH**)
 - b) Chest x-ray must be done **within 6 months** prior to registration
5. After the medical report is done, it should be verified at AIMST clinic within 6 months. If the duration of the medical report is more than 6 months, the student has to do again the medical checkup.
6. AIMST University Clinic reserves the right to **repeat** the medical check-up should there be any doubt about the medical report. All costs involved will be paid by the candidates.
7. The university reserves the right to reject any application:
 - a) Based on the results of the health examination, or any abnormal results of the investigations
 - b) Should there be any evidence that applicants have given false information in the medical report or any supporting documents.

Terms and regulation for Health-related Disorder for Admission of **International Students** by Malaysia's Ministry of Higher Education.

1. Communicable Disease

Type of disease / Disorder	Example	Registration/Admission
<ul style="list-style-type: none"> Contagious Recovering is expected to be proven to be difficult and delayed 	<ul style="list-style-type: none"> HIV/AIDS Hepatitis B Hepatitis C 	<ul style="list-style-type: none"> Registration / admission is prohibited
<ul style="list-style-type: none"> Contagious Expected to recover with treatment 	<ul style="list-style-type: none"> Tuberculosis 	<ul style="list-style-type: none"> Registration / admission must be deferred until treatment in home country is completed Deferment should not be for more than two semesters Registration requires confirmation from the treating physician in charge that treatment has been completed and not infectious.
<ul style="list-style-type: none"> Contagious Expected to recover with treatment 	<ul style="list-style-type: none"> Malaria Typhoid Syphilis 	<ul style="list-style-type: none"> Registration / admission is allowed only after treatment is completed in home country
<ul style="list-style-type: none"> Individuals carrying contagious disease are prohibited to enter Malaysia by the Malaysian Ministry of Health 	<ul style="list-style-type: none"> Plaque Leprosy HIV 	<ul style="list-style-type: none"> Registration / admission is prohibited

2. Non - Communicable Disease

Type of disease / Disorder	Example	Registration/Admission
<ul style="list-style-type: none"> An attack that may harm the student or other 	<ul style="list-style-type: none"> Epilepsy Schizophrenia Bipolar disorder Psychosis 	<p>A report is required from the treating specialist. May be accepted for registration / admission if any of the following is met:</p> <ul style="list-style-type: none"> Symptom-free for >12 months Treatment is completed
<ul style="list-style-type: none"> Disease or disorder is expected to continue for an unspecified time Apparent and serious symptoms Long treatment schedule 	<ul style="list-style-type: none"> End stage renal failure requiring dialysis Cancer 	<ul style="list-style-type: none"> Registration / admission is prohibited

<ul style="list-style-type: none">• Addiction that is direct violation of the Malaysia laws	<ul style="list-style-type: none">• Drugs• Morphine• Cannabis• Amphetamine• Methamphetamine	<ul style="list-style-type: none">• Registration / admission is prohibited
<ul style="list-style-type: none">• Requires continuous medication• No serious symptoms• Treatment not affecting study	<ul style="list-style-type: none">• Hypertension• Diabetes Mellitus	<ul style="list-style-type: none">• May register if treatment does not affect study

PLEASE USE CAPITAL LETTERS

SECTION 1 (To be completed by candidate) (PART A)

FULL NAME: _____

STUDENT IC/PASSPORT NO.: _____

CONTACT NUMBER: _____

DATE OF BIRTH: _____

MARITAL STATUS: SINGLE* / MARRIED*

GENDER: MALE* / FEMALE*

PROGRAMME OF STUDY: _____

NEXT OF KIN: _____

NEXT OF KIN'S CONTACT NUMBER: _____

NEXT OF KIN'S EMAIL ID _____

NEXT OF KIN'S ADDRESS: _____

** Delete whichever is not applicable*

SECTION 1

(PART B) – Please tick (√) in the relevant box

Declaration of self and family illness. Explain in full if you or your family have any of the following illnesses

* Immediate family refers to father, mother, brothers / sisters

MEDICAL PROBLEMS	SELF		IMMEDIATE FAMILY*		If “Yes” please specify
	Yes	No	Yes	No	
1. Congenital or inherited disorder					
2. Allergy					
3. Mental illness					
4. Fits, stroke, other neurological disease					
5. Diabetes					
6. Hypertension					
7. Heart or vascular disease					
8. Asthma					
9. Thyroid disease					
10. Kidney disease					
11. Cancer					
12. Tuberculosis					
13. drug addiction					
14. HIV, AIDS					
15. History of surgery					
16. Other illnesses					

Current medication (Long term) (If applicable)

I hereby certify that the information given above is true. I understand that my application will be rejected if there is any false information given.

Date

Signature of Candidate

Name:

SECTION 2 – PHYSICAL EXAMINATION

To be filled by examining doctor

1. BASIC MEASUREMENT	
HEIGHT: _____ cm	BLOOD PRESSURE: _____ mmHg
WEIGHT: _____ kg	PULSE RATE: _____ / min
VISION TEST: Unaided :(R) _____ (L) _____ Aided :(R) _____ (L) _____	COLOUR VISION TEST (including Colour Blindness): NORMAL / ABNORMAL* * Additional comment: _____

2. GENERAL EXAMINATION			
ITEM	YES	NO	COMMENT
a. DEFORMITIES			
b. JAUNDICE			
c. OEDEMA			
d. SKIN DISEASES			

3. SYSTEM EXAMINATION			
ITEM	NORMAL	ABNORMAL	COMMENT
a. EYES (including fundoscopy)			
b. EARS			
c. NOSE			
d. ORAL CAVITY / THROAT			
e. NECK			
f. HEART			
g. LUNGS			
h. ABDOMEN			
i. NERVOUS SYSTEM			
j. MENTAL CONDITION			
k. MUSCULOSKELETAL SYSTEM			
l. OTHERS			

SECTION 3 – INVESTIGATION

BLOOD TEST		
ITEM	DATE TAKEN	RESULT
a. BLOOD GROUP		
b. HIV		
c. HEPATITIS B ANTIGEN & ANTIBODY		
d. HEPATITIS C ANTIBODY		

URINE TEST		
ITEM	DATE TAKEN	RESULT
a. ALBUMIN		
b. SUGAR		
c. MICROSCOPIC		
d. MORPHINE		
e. CANNABIS		
f. AMPHETAMINES		
g. METHAMPHETAMINES		

CHEST X-RAY INFORMATION	
DATE TAKEN	
PLACE TAKEN	
REPORT	

SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick (√) in the appropriate box

I certify that I have on this date _____ examined

Mr / Ms _____ IC/Passport No. _____

and found him / her: -

IN GOOD HEALTH

HAVING THE FOLLOWING MEDICAL COMPLICATION (S) (Please specify)

UNDERGOING TREATMENT FOR: (Please specify)

Signature of Doctor : _____

Name of Doctor : _____

Date : _____

Address of Hospital / Clinic : _____

Official stamp : _____

Remarks by University Official:



AIMST UNIVERSITY

Student Admissions & Records Division

LETTER OF UNDERTAKING

I, _____ (*name of student*) _____ (*IC /Passport No.*)
hereby certify that the information given in the medical report is true. I understand that my application
will be rejected if there is any false information given.

Signature of Student

Date :

THIS FORM MUST BE SIGNED AND RETURNED TO THE UNIVERSITY WITH THE ACCEPTANCE.