



PENANG MEDICAL COLLEGE

in collaboration with

**Royal College of Surgeons in Ireland
&
University College Dublin**

Please attach
Photo here

APPLICATION FORM

For the September / October Academic Session

Please use BLOCK CAPITALS

PERSONAL INFORMATION

Name (Mr/Miss) _____
(Please underline surname)

Sex Male Female NRIC / Passport No _____

Date of Birth _____ Place of Birth _____

Citizenship _____ Race _____

Home Address _____ Correspondence Address _____

Tel No _____ Tel No _____

Fax No _____ Fax No _____

Email _____ H/P No _____

Parents' Names _____ Parents' Occupations _____

(i) _____ (i) _____

(ii) _____ (ii) _____

If you are admitted, who will pay your fees _____

If by Scholarship, please state name of Authority _____

EXAMINATION BACKGROUND

1.	School/College/University Attended	Name of Qualifications	Year Enrolled	Year Completed

2. If you are not applying from school, state what you have been doing since you finished school :

.....

.....

or

3. Have you been enrolled as a pre - medical or medical student ? :

or

4. State whether you have attended University before :

5. If you have not continued at University state reasons :

.....

.....

6. Have you ever been dismissed from any academic institution ?
If yes, please explain. (Attach additional sheet if necessary) :

REFEREE

Give the name, address and official position of a referee (your University Professor, Headmaster or Employer) who will supply evidence of your character and ability.

Name

Address

.....

Position Email :.....

ENGLISH PROFICIENCY (Please tick which test you have completed)		
<input type="checkbox"/>	GCE 'O' Level / 1119 / English	Grade.....Date of test :...../...../.....
<input type="checkbox"/>	IELTS	Overall Score Date of test :...../...../.....
<input type="checkbox"/>	TOEFL	Score + TWE (Test of Written English).....
	Paper based	Computer based Date of test :...../...../.....
<input type="checkbox"/>	MUET	Grade Date of test :...../...../.....

EXAMINATION RECORD - This section is to be completed by your Headmaster or other competent authority

Examinations to be taken	Examinations passed
Name of Exam :	Name of Exam :
Date of Exam :	Date of Exam :

Subjects	Subjects	Grades Attained
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
10	10	
11	11	
12	12	

I certify that the above statement is correct

Name

Position Sign & Stamp.....

Date School

EXTRA-CURRICULAR INTERESTS AND ACCOMPLISHMENTS.

(Attach additional sheet if necessary)

I hereby certify that all the information given in this application is correct.

Applicant's Signature : Date :

CHECKLIST

Application Procedure :
This form should be completed and returned to our Admissions Office at Penang Medical College,
No 4 Jalan Sepoy Lines, 10450 Penang
Tel: 604-226 3459 Fax: 604-227 6529 Email: medfaculty@pmc.edu.my

The following should be enclosed :

- Examination records & certificates by school authorities and full academic transcripts of any University Studies.
- Confidential Statement signed and sealed by Referee and Medical Report signed and sealed by your physician. Please note that these reports are confidential.
- Certified copy of Birth Certificate and IC.
- Two recent passport-size photographs with your name written on the back.
- Copy of passport front cover, including page stating name, nationality and date of birth.
- Application fee of RM 400 payable to '*Penang Medical College Sdn Bhd*'. This fee is non-refundable. Please include RM 0.50 for outstation cheques.