



Attach passport  
size photo here

**COURSE APPLIED:** *Please tick one of the below*

- ( ) Post Basic Critical Care Nursing (CCN)  
 ( ) Post Basic Perioperative Nursing (PON)  
 ( ) Post Basic Orthopedic Nursing (OPN)  
 ( ) Post Basic Renal Nursing (RNL)

**CANDIDATE PARTICULARS**

Name:		NRIC No:	
Home address:			
		Email:	
Contact Number (H):		(H/P):	
Age:	Date of Birth:	Place of Birth:	
Gender:	Marital Status:	Race:	
Religion:	Citizenship:		
Current year APC No:			

**EMERGENCY CONTACT**

Name:	Relationship:
Contact Number (H):	(H/P):

**NURSING QUALIFICATION**

Year	Institute's Name	Highest Qualification Attained
		Diploma in Nursing
		Degree in Nursing

**RELATED WORKING EXPERIENCE**

No	Company Name and Address	Position/ Department	From	To

**SPOUSE PARTICULARS**

Spouse's Name:	DOB:
Occupation:	Contact No:

**FAMILY**

No	Name	Relationship	DOB/ Age	Employment Company/ Position

**HEALTH STATUS**

Are you allergic to any drugs or foods? (If yes, please name them)

Are you suffering from illness such as:

Asthma ( YES / NO )

Skin disease ( YES / NO )

Others

**SURVEY**

1. How do you get to know our college? (please circle the appropriate answer)

(Website or Social Network / Newspapers or other Advertisements / Friends / Family Members / Agents / SMS / Banner / Others: \_\_\_\_\_)

**DOCUMENTS CHECKLIST**

Kindly attached the documents listed below upon registration:

- 2 photocopies of current APC (HOD certified)
- 2 photocopies of Diploma in Nursing certificate (HOD certified)
- 2 photocopies of Registration with Nursing Board Malaysia (HOD Certified)
- 1 photocopies of SPM certificate
- 4 passport size photos (in uniform)
- 1 copy of Resume or CV (include the relevant field experience eg: type of cases scrubbed or handled)
- 2 photocopies of IC (HOD certified)
- 1 photocopy of birth cert
- BLS Certificate (Post Basic CCN only)
- Letter from HR Department that mentioned about the min 2 years working experience with 3 months experiences in related specialty.
- Letter of Undertaking (for sponsored students only)
- Covid-19 Vaccination Cert

I agree to ORIENTAL NILAM College terms and conditions, and privacy notice

**Signature**

**Date**