



COURSE APPLIED: Please tick one of the below

- () Diploma In Nursing (DIN)
() Healthcare Assistant (HCA)
() Healthcare Administration (HAM)

Attach passport
size photo here

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		Weight/Height kg cm

EMERGENCY CONTACT

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

SPM RESULT

Bahasa Melayu	English	Mathematic	Science	History
Others				

OTHER QUALIFICATION

Year	Institute's Name	Highest Qualification Attained

PARENTS PARTICULARS

Father's Name	NRIC.
Occupation	Contact No.
Mother's Name	NRIC.
Occupation	Contact No.

SPOUSE PARTICULARS

Spouse's Name	NRIC.
Occupation	Contact No.



FAMILY

No	Name	Relationship	Age	Employment Company	Position

EXTRA CURRICULAR ACTIVITIES

What kind of sports activities are you active in school?

What games (e.g. Badminton, Table Tennis etc) do you play?

Are you active in NGO or voluntary services (e.g. St.John Ambulance, *Pandu Puteri* etc)?

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 / Education Fair / Others:_____)

2. Are you interested in applying for Scholarship / Sponsorship? (YES / NO)



DOCUMENTS CHECKLIST

Kindly attached the documents listed below upon registration:

- 2 photocopies SPM slip/ cert
- 2 photocopies IC
- 2 photocopies of birth cert
- 2 photocopies school leaving cert
- 2 pcs passport size photo
- Medical Report
- Photocopy of parent's latest EA form/ 3months latest salary slip (for those intend to apply for Scholarship or Sponsorship).

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

Signature

Date