

CONFIRMATION OF WORKING EXPERIENCE FORM

Note: Kindly complete the following information to confirm your employment status for requirement assessment entry to KPJ Healthcare University and its affiliates.

PERSONAL AND ACADEMIC BACKGROUND

NAME	
NRIC NO	
CONTACT NO(MOBILE)	
EMAIL ADDRESS	
HIGHEST QUALIFICATION	Please (✓) where necessary <input type="checkbox"/> Certificate/SPM/STPM/Foundation/Matriculation/Other foundation <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Master
Name of Qualification	
Institution :	
CGPA or Other overall score	
Academic Programme Applied	

*WORKING EXPERIENCE (CUMULATIVE YEARS)

CURRENT COMPANY :	
DEPARTMENT/SERVICES :	
POSITION :	
DATE OF JOINED :	
DURATION (IN MONTH) : UNTIL TODAY (PLEASE STATE THE CURRENT DATE)	
CONTACT NO :	

Confirmation by the Department of Human Resource / or other equivalent documents of evident (Signature)	Official Stamping Company / Position)
 (Name & Date)	

***PREVIOUS COMPANY (CUMULATIVE YEARS)**

COMPANY NAME :	
DEPARTMENT/SERVICES :	
POSITION :	
DATE OF JOINED :	
DURATION (IN MONTH) : UNTIL TODAY (PLEASE STATE THE CURRENT DATE)	
CONTACT NO :	

Confirmation by the Department of Human Resource / or other equivalent documents of evident (Signature)	Official Stamping Company / Position)
 (Name & Date)	

***PREVIOUS COMPANY (CUMULATIVE YEARS)**

COMPANY NAME :	
DEPARTMENT/SERVICES :	
POSITION :	
DATE OF JOINED :	
DURATION (IN MONTH) : UNTIL TODAY (PLEASE STATE THE CURRENT DATE)	
CONTACT NO :	

Confirmation by the Department of Hu- man Resource / or other equivalent documents of evident (Signature)	Official Stamping Company / Posi- tion)
 (Name & Date)	

* Note: Use separate form for additional companies

DECLARATION :

I hereby declared that the above information is true.

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(Student's Signature)

Name :

Date :

For Admission Service Use ONLY**Attended By :**

Signature :

Name :

Date Received :

Total working Experience :

Remarks :