

PERSONAL AND ACADEMIC BACKGROUND

By filing-in this form, you agree that KPJ Healthcare University may collect, use and disclose your personal data, as provided in this form, or (if applicable) obtained by our organisation as a result of your data, for the following purposes in accordance with the Personal Data Protection Act 2010 and our data protection policy (available at our website http://www.kpjuc.edu.my

CONFIRMATION OR 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.

Name	:				
I/C No.	:				
Mobile No.	:				
Email Address	:				
Highest Qualification	(Please (V) where necessary)				
	□ Certificate/SPM/STPM/Foundation/Matriculation/Other foundation				
	□ Diploma □ Bachelor □ 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.	:				
		T			
Confirmation by the		Official Stamping Company / Position)			
Department of Human Resource / or other					
equivalent documents of	(Signature)				
evident					
	(Name & Date)				

(*Refer overleaf to record the additional working experience)

KPJU/DOA/CWEF_PB/20(01) Page 1 of 2

PREVIOUS COMPANY NAME 1		:				
Department/Services		:				
Position		:				
Date of joined		:				
Date of Leaving Duration of Experience (in month)		:				
Duration (in month): until today		:				
Contact No.		:				
	1			<u>, </u>		
Confirmation by the Department of Human Resource / or other				Official Stamping Company / Position)		
equivalent documents of evident		(Signat	ure)			
		(Name & Date)				
PREVIOUS COMPANY NAME 2		:				
Department/Services		:				
Position		:				
Date of joined		:				
Date of Leaving Duration of Experience (in month)		:				
Duration (in month):						
until today Contact No.		:				
* <u>Note</u> : Use separate form for additional companies						
<u>Disclaimer;</u> I hereby declared that the above information is true			For Admission I	Department use ONLY.		
(Signature)			Attended :			
		Date Received :				
Name :			Total working			
Date :			_			
			Remarks :			

KPJU/DOA/CWEF_PB/20(01) Page 2 of 2