



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.

PERSONAL AND ACADEMIC BACKGROUND	
Name	:
I/C No.	:
Mobile No.	:
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	<hr/> (Signature) <hr/> (Name & Date)	Official Stamping Company / Position)
---	--	--

(*Refer overleaf to record the additional working experience)

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.	:

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

	(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.	:

*** Note:** Use separate form for additional companies

Disclaimer;

I hereby declared that the above information is true

(Signature)

Name : _____

Date : _____

For Admission Department use ONLY.

Attended : _____

Date Received : _____

Total working
Experience : _____

Remarks : _____