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(2 copies)**

**MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP) – ASEAN
MASTERS SCHOLARSHIP
TENABLE IN MALAYSIA**

APPLICATION FOR ACADEMIC YEAR 2018/2019

**FOR MOFA OFFICIAL USE
ONLY**
Reference no.:
Received:
Checked:

Before completing this form please read and understand the prospectus for the set of award you are applying. Other required documents to be submitted are:

- Certified copies of degree and academic qualification.**
- Word processed copies of a research/project statement of not more than 200 words as instructed.**
- Appraisal letter from your referees (appraisers) as instructed in item 9.**
- One certified copy of your birth certificates or evidence of birth or your passport.**

APPLICATION FORM (Typewriting or block letters)

<p>Course Applied :</p> <p>Name of the university in Malaysia :</p>	<p>Masters</p> <p>Proposed date of Commencement:</p>
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1. PARTICULARS OF APPLICANT

Family name (surname) (underline name by which formally addressed)	Date of birth Day Month Year
First Name:	Nationality (citizenship) :
Other names:	Gender: Male / Female #
City and country of birth:	Marital status: Single / Married / Divorced / Widowed #
Passport No:	Number of children:
Expiry Date of Passport:	Religion:
Airport of Departure to Malaysia:	

2. MAILING AND COMMUNICATION ADDRESS

Applicant's office name:		Applicant's Postal Address:	
Postal address		City:	
City:		Country:	
Country:		Home telephone	
		Country	Area Number
Office telephone	Telefax	Email	
Country Area Number	Country Area Number		
Person to be contacted in case of emergency (name, telephone and address)			

3. EDUCATION (list in order of time, starting with last institution graduated)

Name of institution and place of study	Major field of study	Years of study: from - to	Degree

4. ACADEMIC AND FINANCIAL AWARDS (e.g. Honours, distinction, book prizes, and scholarship) won in the last 3 years. Please list in chronological order and submit copies of documentary evidence)

Year	Type of Award/scholarship (please indicate tenure and value of award)

5. OTHER ACTIVITIES involved

Date / Duration	Brief Description	Position Held

6. PREVIOUS RESIDENCE IN FOREIGN COUNTRY

Country	Year	Length of stay

Have you participated in any training programme in Malaysia before?

no yes _____

Name of programme, organizer, year

Are you going to return home to your present job? **YES / NO*** If not, what job will you be doing?

7. FIELD OF STUDY

Please state briefly the reasons for applying to this course, your main fields of interest within the programme and how you hope to benefit from the programme:

Please continue on supplementary pages if necessary

RESEARCH / PROJECT

Title:

Description / Abstract (not more than 200 words) - (Please attach)

9. REFEREES / APPRAISERS

Name two person you are asking to supply a confidential reference about you and appraisal letter of your academic ability.

	<u>Name</u>	<u>Position</u>	<u>Address</u>
i.
ii.

10. WORK EXPERIENCE

EMPLOYMENT RECORD

It is important to give complete information. For each post you have occupied, give details of your duties and responsibilities.

Current Job/Post Dates From: _____ To: _____	Description of your work including your personal responsibilities.
Title of your post:	
Type of organization: <i>(Private/Government/Semi-Government)*</i>	
Name of employer:	
Address of employer:	
Monthly salary (USD):	
Previous post: Dates From: _____ To: _____	Previous post: Dates From: _____ To: _____
Title of your post:	Title of your post:
Type of organization: <i>(Private/Government/Semi-Government)*</i>	Type of organization: <i>(Private/Government/Semi-Government)*</i>
Name of employer:	Name of employer:
Address of employer:	Address of employer:

Proficiency in Languages		Very good	Fair	Basic	Nil
(a) English	Spoken	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Written	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Bahasa Malaysia (Malay Language)	Spoken	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Written	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Mother-tongue: _____					

Recommendation from the Employer / Dean of Faculty:

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.....

Date:

Signature:

Name:

Designation:

Name of organization:

11. DECLARATION

Have you ever been convicted by a Court of Law of any country? <i>If yes, please give brief details:</i>	Yes / No #
<p>I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.</p> <p>If accepted for a training award, I undertake to: -</p> <ul style="list-style-type: none"> (a) Carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the host government in respect of this course of training; (b) Follow the course of study or training, and abide by the rules of the University or other institution or establishment in which I undertake to study or train; (c) Refrain from engaging in political activities, or any form of employment for profit or gain; (d) Submit any progress reports which may be prescribed; and (e) Return to my home country promptly upon the completion of my course of study or training. <p>I also fully understand that if I am granted a scholarship award it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.</p>	
<p>Signature of candidate:</p> <p>Name:</p> <p>Date:</p>	

Delete accordingly

OFFICIAL DECLARATION (to be completed by the nominating government)

The Government of:

nominate
(name of applicant)

For the scholarship (Academic Year 2018/2019) under the Malaysian Technical Cooperation Programme (MTCP)-ASEAN Masters tenable in Malaysia and certifies that:

- (a) all information supplied by the nominee is complete and correct;
- (b) the nominee had adequate knowledge, appropriately tested of his/her English Language which can be used for selection purposes in the proposed host country.

Remarks:

.....
(Name)

.....
(Signature of responsible Government official)

.....
(Designation)

Address of Department / Ministry:
.....
.....
.....

Official Seal / Stamp:

Office Telephone number:

Office Fax number:

Date:

Email:

Please note: This application form must be duly completed and endorsed by the Ministry of Foreign Affairs or the relevant agency responsible for the Commonwealth Scholarship in your country. INCOMPLETE AND/OR UNENDORSED FORMS CANNOT BE PROCESSED.