



**UNIVERSITI TEKNOLOGI MARA (UiTM)  
APPLICATION FOR AN ACADEMIC POST  
FACULTY OF MEDICINE**

Photographs  
(2 copies)

**DISCIPLINE** : .....

**POSITION** : **PROFESSOR / ASSOCIATE PROFESSOR/LECTURER DU15/ LECTURER DU14/ LECTURER DU13**  
# Delete whichever is not applicable

<b>A. PERSONAL INFORMATION</b>				
1.	Name in full			
2.	Sex (Male / Female)			
3.	Date & Place of Birth			
4.	Identity Card No/Pasport No.	Place & Date of Issue		
5.	Citizenship			
6.	Home Address			
7.	Postal Address			
8.	Telephone No.			
9.	Email			
10.	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Others
	a )If married, number of Children			
	b) Name & Ages as at January 201.....	<b>Name</b>	<b>Sex</b>	<b>Date of Birth &amp; Age</b>
	c) Name of Spouse			
	d) Identity Card No/Pasport &.Citizenship			
	e) Occupation of Spouse			
f) Name & Address of Present Employer of Spouse:				

**B. ACADEMIC QUALIFICATIONS**  
*(Please attach certified copy/copies of Academic Certificates)*

Qualifications	Name of Institution	Class of Honours	Area of Specialisation	Date of Completion

**C. PROFESIONAL MEMBERSHIP**

Name of Professional Body	Year	Membership Status	Field

**D. WORK EXPERIENCE**  
*(List your work experience in chronological order)*

Position Held	Name and Address of Employer	Period	Salary	Reason for leaving

**E. TEACHING EXPERIENCE**

Name of Institution	Period	Subject

**F. ANOTHER EXPERIENCE & FIELD**  
*(If space provided is insufficient, please attach the list as Appendix.)*

**G. PUBLICATIONS**  
*(If space provided is insufficient, please attach the list as Appendix.)*

Type of Publications (eg. Journal / Abstract / Book)	Year	Title

**H. REFFEREES**

Name, postal address, email address and position of two persons, to whom reference may be made in support of your application concerning your professional ability and performance at work.

<b>Name</b>		<b>Name</b>	
<b>Position</b>		<b>Position</b>	
<b>Address</b>		<b>Address</b>	
<b>Telephone</b>		<b>Telephone</b>	
<b>Email</b>		<b>Email</b>	

## I. MISCELLANEOUS INFORMATION

a) Are you under any form of Contract? If so, please specify.

b) Expected Salary from UiTM

c) If you are selected, how soon can you take up the appointment?

## J. DECLARATION

I hereby declare that the information given above is true and correct to the best of my knowledge and belief.

Date: .....

.....  
(Signature of Applicant)

## K. NOTES

(i) Application should be submitted in 2 copies.

(ii) Application to be addressed to:

**DEAN  
FACULTY OF MEDICINE  
UNIVERSITI TEKNOLOGI MARA  
KAMPUS SUNGAI BULOH  
JALAN HOSPITAL  
47000 SUNGAI BULOH  
SELANGOR, MALAYSIA**

Telephone No.: +603-6126 7076 / 7038 / 7062  
Fax: +603-6126 7073

**CHECKLIST DOCUMENT APPLICATION FOR LECTURER (NON-CITIZENS)**

**NAME** :  
**POSITION** :  
**DISCIPLINE** :

Applications must be accompanied by the following certified true copies documents

Tick (√) the appropriate box

NO.	DOCUMENTS	PLEASE TICK	REMARKS
1.	Application Form for An Academic Post ❖ inclusive Curriculum Vitae (CV)		
2.	Passport/Resident Pass (RP)/ Permanent Resident (PR)		
3.	A Copy of Certificates: ❖ inclusive of academic transcripts		
	a) Diploma		
	b) Degree (MBBS / B.Sc)		
	c) Master		
	d) Ph.D		
4.	Confirmation letter from previous and current employers.		
5.	Latest Payslip Salary		Last 3 months
6.	A copy of the latest record of service (if serving in the Government/Statutory Bodies and Semi Government Agencies of Malaysia only)		
7.	A copy of Full Registration & Annual Practising Certificate MMC		
8.	Referee's Letter of Recommendation		Provide name of two (2) referees.
9.	<i>National Specialist Register (NSR)</i> (if any)		
10.	Others Certificates		

Application must be completed in two (2) copies includes list of documents needed  
Applicants who do not receive word within 6 months of the application date are rendered unsuccessful.  
**Reminder : Incomplete applications will not be process and are rendered unsuccessful.**