UNIVERSITI TEKNOLOGI MARA
APPLICATION FOR ACADEMIC POST
FACULTY OF MEDICINE

BORANG PERJAWATAN UiTM 76/13 (III) Pindaan 8/2007

Please attach latest photo

(NON RETURNABLE)

DISCIPLINE : _____
POSITION : PROFESSOR / ASSOCIATE PROFESSOR / LECTURER DU14 / LECTURER DU13 /TRAINEE LECTURER DU13P
 # Delete whichever is not applicable

A. PERSONAL DETAILs

1. **Full Name (CAPITAL LETTERS) :** _____

2. **Malaysian Identification Card Number (Old)/Passport No.** | | | | | | | | | |

2a. **Malaysian Identification Card Number (New)** | | | | | | | | | | | | |

3. **Nationality** [ ] M - Malaysian; PR - Permanent Resident; B - Others:

4. **Race :** _____

5. **Religion:** _____

6. **Correspondence Address (Block Letter)**

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7. **Phone No. (House):** | | | | | | | | | | |

Phone No. (Mobile): | | | | | | | | | | |

Phone No. (Office): | | | | | | | | | | |

Email: _

8. **Date of Birth:** [ ][ ] **Day** [ ][ ] **Month** [ ][ ][ ][ ] **Year** **8a. Place of Birth:** _____

9. **Marriage / Status:** [ ] B – Single; W – Widow; M - Married; D - Divorced

10. **Gender** [ ] M - Male; F - Female

11. **i. Name of Spouse:** _ **ii. Occupation:** _____

iii. Address (Workplace): _____

12. **Do you have any chronic illness?** [ ] YES [ ] NO : **If yes, please state type of illness:** .....

B. ACADEMIC QUALIFICATION:

13. **Information pertaining to School/College and/or University qualifications should be provided in the columns below.**
NOTE/ REMINDER: Please attach certified true copies of the necessary documents (certificate, degree, diploma) to validate the information given. Candidates are also required to send in any necessary and finalized Statement(s) of Result or Transcript(s).

14. **Professional Membership (State Duration of Membership):**

Qualification / Specialisation	Classification of Degree / (Hons.) / CGPA	Grade obtained for Bahasa Malaysia	Name of Institution / School attended	Date of Graduation
i. MCE/SPM	.....	.....	.....	.....
ii. HSC/STPM	.....	.....	.....	.....
iii.	.....	.....	.....	.....
iv.	.....	.....	.....	.....
v.	.....	.....	.....	.....

C. WORK EXPERIENCE

15. Please provide your working experience in ascending order: - (Please include attachment if space is not sufficient)

NOTE/ REMINDER: Please include certification of employer, offer letter or letter indicating leave of service (if any). Applications from those who are currently employed in any institutions in the Civil Service Department/Statutory bodies/ Local Council should be channelled via the Head of Department and accompanied with an updated record of service.

Date		Post held	Name and Address of Employer	Salary Grade/ Salary (RM)	Subject/Course (If Teaching)
Start	End				
.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....

D. APPLICANT'S DECLARATION

16. I hereby acknowledge that all the above statements given are true and correct.

Date: ..... **.....**

Signature of Applicant

E. EMPLOYER VALIDATION

17. I hereby acknowledge that the applicant has channelled the said application through the Head of Department/Employer. (This acknowledgement applies to applicants who are currently serving in the Government/Statutory Bodies and Semi-Government Agencies of Malaysia only. Applications not channelled via the Head of Department will not be processed.)

Please forward all applications to the following address

Date: ..... **.....**

(Signature Head of Department/Employer)

Name: .....

Position: .....

NOTE FOR APPLICANT:

The certified copies of the following documents must be enclosed in the application form: -

1. **A Copy of Identification Card/Passport.**
2. **A Copy of Certificates (MCE/SPM, HSC/STPM or equivalent).**
3. **A Copy of Certificates, Diploma, Degree, Master, Ph.D. (inclusive of academic transcripts).**
4. **Confirmation letter from previous and current employers for remuneration commensurability according to work experience. 5. Copy of the latest record of service (applicable to applicants who are currently serving in the Government/Statutory Bodies and Semi Government Agencies of Malaysia only) & Latest Payslip Salary.**
6. **A copy of Full Registration & Annual Practising Certificate MMC.**

Please forward all completed applications to the following address: -

DEKAN
FAKULTI PERUBATAN
UNIVERSITI TEKNOLOGI MARA
KAMPUS SUNGAI BULOH
JALAN HOSPITAL
47000 SUNGAI BULOH
SELANGOR DARUL EHSAN
MALAYSIA

Please indicate the field / faculty applied on the left-hand corner of the envelope.
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.

Closing Date of Submission: .....

FAKULTI PERUBATAN
UNIVERSITI TEKNOLOGI MARA (UiTM)

SENARAI SEMAK DOKUMEN PERMOHONAN JAWATAN PENSYARAH

NAMA :
JAWATAN DIPOHON :
BIDANG :

Pemohon-pemohon dikehendaki menyemak dokumen – dokumen berikut yang telah **DISAHKAN** bersama – sama borang permohonan.

Tandakan (√) pada petak yang berkenaan

BIL.	DOKUMEN	STATUS	CATATAN
1.	Borang Permohonan termasuk *Curriculum Vitae* (CV)		
2.	Salinan Kad Pengenalan/Pasport		
3.	Salinan Sijil-Sijil Akademik : Skrol dan Transkrip Akademik Terperinci		
	a) SPM		
	b) Diploma (jika ada)		
	c) Ijazah Sarjana Muda (MBBS / B.Sc)		
	d) Ijazah Sarjana		
	e) Ph.D		
4.	Surat Pengesahan Perkhidmatan Sedia Ada dan Terdahulu		
5.	Salinan Slip Gaji Terkini		3 bulan terakhir
6.	Salinan Buku Perkhidmatan yang Dikemaskini.		
7.	Surat Pandangan Pensyarah Sedia Ada		2 orang Pensyarah Perubatan
8.	Sijil Pendaftaran Penuh & Perakuan Amalan Tahunan (APC)		MMC & APC tahun terkini
9.	*National Specialist Register (NSR)(jika ada)*		
10.	Entrance Examination Result / Basic Science Examination result ❖ Untuk Pensyarah Perubatan Pelatih DU13P		

Borang permohonan hendalah di lengkapkan dalam **dua (2)** salinan, termasuk senarai dokumen yang diperlukan. Pemohon-pemohon yang tidak menerima maklumbalas selepas **enam (6) bulan** dari tarikh permohonan adalah dianggap tidak berjaya.
Peringatan : Permohonan yang tidak lengkap tidak akan diproses dan dianggap tidak berjaya.