



CHEMICAL COMPANY OF MALAYSIA

SKIM LATIHAN 1 MALAYSIA CCM
(SL1M CCM)

APPLICATION FORM

APPLICANT'S INFORMATION

| | | | | |
|----------------|--|---------------|--|--|
| NAME | | | | <i>Attach current passport-size photograph</i> |
| GENDER | | DATE OF BIRTH | | |
| I/C NO | | AGE | | |
| MARITAL STATUS | | RELIGION | | |

CONTACT DETAILS

| | | | |
|--------------|--|---------------|--|
| TEL. NO. (H) | | TEL. NO. (HP) | |
| E-MAIL | | | |

| | | | |
|-------------------|--|-----------------------|--|
| PERMANENT ADDRESS | | CORRESPONDENT ADDRESS | |
| | | | |
| | | | |
| | | | |

Are you required to pay any other loans in addition to educational loans? If yes, please state the type of loan.

Yes _____

No

EDUCATION BACKGROUND

ACADEMIC QUALIFICATION

| | | | |
|--|--|------|--|
| BACHELOR'S DEGREE | | | |
| MAJOR | | | |
| UNIVERSITY | | | |
| FINAL RESULT / CGPA / GRADE <i>(Please attach copy of transcript)</i> | | YEAR | |
| CONVOCATION DATE | | | |

SECONDARY QUALIFICATION - SIJIL PELAJARAN MALAYSIA / SIJIL TINGGI PELAJARAN MALAYSIA (SPM/STPM) RESULTS

| NAME OF SCHOOL | YEAR | | RESULTS |
|----------------|------|----|---------|
| | FROM | TO | |
| | | | |

Please attach copy of SPM/STPM certificate



CHEMICAL COMPANY OF MALAYSIA

WORKING EXPERIENCE/ INTERNSHIP

| START | END | ORGANISATION | POSITION HELD | LENGTH OF SERVICE | |
|-------|-----|--------------|---------------|-------------------|--|
| | | | | DURATION | |
| | | | | DURATION | |
| | | | | DURATION | |

HEALTH CONDITION

I am (tick ✓)

Medically fit to undertake this programme

Suffered illness (please state)

ANY PREVIOUS ILLNESS
(If Yes, please state)

FAMILY DETAILS

| | | | |
|---|--|---------------|--|
| a) FATHER'S / GUARDIAN'S NAME | | | |
| AGE | | OCCUPATION | |
| MONTHLY INCOME (Please attach certified copy of pay slip) | | EMPLOYER | |
| TEL. NO. (H) | | TEL. NO. (HP) | |
| b) MOTHER'S / GUARDIAN'S NAME | | | |
| AGE | | OCCUPATION | |
| MONTHLY INCOME (Please attach certified copy of pay slip) | | EMPLOYER | |
| TEL. NO. (H) | | TEL. NO. (HP) | |



CHEMICAL COMPANY OF MALAYSIA

| | | | | | | |
|--|---------------|---|------|----------------|------|------|
| c) NUMBER OF DEPENDANT (S) | | | | | | |
| L A N G U A G E (PLEASE TICK "X" IN APPROPRIATE BOXES) | | | | | | |
| LANGUAGE | SPOKEN | | | WRITTEN | | |
| | FLUENT | FAIR | POOR | FLUENT | FAIR | POOR |
| BAHASA MELAYU | | | | | | |
| ENGLISH | | | | | | |
| OTHERS | | | | | | |
| APPLICANT'S DECLARATION | | FOR SECRETARIAT USE ONLY | | | | |
| I hereby declare that all information given above is true and I shall be disqualified from the Programme for providing false information | | <input type="checkbox"/> Meet Criteria <input type="checkbox"/> Does not meet criteria <i>Comments :</i> | | | | |
| SIGNATURE | | SIGNATURE | | | | |
| DATE | | DATE | | | | |