

Full Name of Applicant (as per I/C) : \_\_\_\_\_

Contact Number    1) H/P No.         : \_\_\_\_\_

                                2) Home Tel No.     : \_\_\_\_\_

                                Email Address : \_\_\_\_\_

a Check List

b Scholarship Application Form

c Supporting Documents Listed As Follows:

Please tick (  $\checkmark$  )

(√)

1	Application Form	
2	Identity Card - Photocopy	
3	University Enrollment/Acceptance Confirmation Letter - Photocopy	
4	Academic Calendar (for the degree courses) - Photocopy	
5	Statement of Course Fees from Bursar of University - Photocopy	
6	<b>Academic result (Photocopy):</b>	
	*A.) University Academic Result (Only applicable for first year student)	
	B.) SPM/ SPMV	
	C.) STPM/ Matriculation/ 'A' Level/ UEC/ Foundation/ 'O' Level	
	D.) MUET/IELTS/1119/TOEFL	
7	Certificates of Co-Curriculum Activities photocopy	
8	Others (if any) Please state:	

**Incomplete documents submission might not be processed.**



# DAIKIN MALAYSIA GROUP SCHOLARSHIP PROGRAM APPLICATION FORM

PASSPORT SIZE PHOTO

## Personal Details

1	Full Name (as per IC)		Marital Status	
	NRIC No.		Mobile No	
	Email Address			

Residential Address			
	Post code:	State:	

## University / College Education

University / College Name	:	
Course Name	:	
Course Duration (MM/YYYY-MM/YYYY)	:	
Current Year & Semester	:	

## Family Details

2	Father		Mother	
	Full Name (as per IC)		Full Name (as per IC)	
	NRIC No.		NRIC No.	
	Age		Age	
	Residential Address	Same as above <input type="checkbox"/> If not, please indicate below:	Residential Address	Same as above <input type="checkbox"/> If not, please indicate below:
		Post code: State:		Post code: State:
	Mobile No		Mobile No	
	House Phone No		House Phone No	
	Employment Status	Working / Not Working / Retired (If "Working", please specify below)	Employment Status	Working / Not Working / Retired (If "Working", please specify below)
	Occupation		Occupation	
	Name of Employer		Name of Employer	
	Address of Employer		Address of Employer	
	Telephone No		Telephone No	
	Fax No		Fax no	

3 3(a) Household Income Per Month : RM

3(b) Annual Gross Income of Parents (Latest Year)

Types of Income	Father (RM)	Mother (RM)
Employment		
Business		
Rental		
Others		
Total		

**3(c) Family Expenditure**

Types of Expenditure	Monthly (RM)
House Installment / Rental	
Food	
Electricity / Water	
Telephone	
Loan Repayment (car / motor-bike / appliances / etc)	
Transportation	
Education	
Others (Please specify:)	
<b>Total</b>	

**4**

Siblings Information							
Full Name	Age	Gender	Relationship	Marital Status	Occupation/ Course(if study)	Company / School / Institution	Monthly Income (if working)

**5 Has/have any of your siblings(s) currently/previously received any Scholarship?**

Yes ☐ No ☐

If YES, please state the following:

Full Name	Name of Organization / Institution	Course Name	Total Amount Per Annum	Course Duration (Years)

**6 Physically Challenged Family Members (disability, diseases, impairs, etc) - IF ANY**

Full Name	Age	Relationship	Illness/Impairs	Duration

7 Do you have any siblings / relatives who are serving under Daikin Malaysia Group?

Yes ☐

No ☐

If yes, please give the details:

Name (as per IC)	Contact No.	Relationship	Name of Company	Position	Years of services

#### Extra-Curricular Activities (Secondary School Onwards)

*\*\*List positions held in Associations / Societies / Club / Sport only if supported by documents*

No	Associations / Societies / Club / Sport	From (Year)	To (Year)	Position Held
1				
2				
3				
4				
5				

#### Awards (Secondary School Onwards)

No	Award(s) and Details	Year	Levels / Grade
1			
2			
3			
4			
5			

#### Medical Conditions

10 10(a) Any physical disability (e.g. sight, hearing, speech)?

YES ☐  
NO ☐

Please state: \_\_\_\_\_

10(b) Please quote Disabled (OKU) Identification Card number (where applicable):

Disabled (OKU) Identification Card number : \_\_\_\_\_

10(c) Any previous illness / surgery?

YES ☐  
NO ☐

Please state: \_\_\_\_\_

10(d) Any current illness?

YES ☐  
NO ☐

Please state: \_\_\_\_\_

#### Working Experience

Name of Company	Position	Date Joined		Last Drawn Salary	Reason of leaving
		From	To		

#### Referees

**\*\*NOTE: NOT YOUR RELATIVES. PREFERABLY YOUR LECTURER(S) / TEACHER(S)**

12 Give TWO referees that are not related to you, who may attest to your achievements and qualifications:

No	Name	Contact No.	Employer Name	Occupation	Relationship	Years Known
1						
2						

### Others

13 13(a) Were you a scholarship recipient before? YES ☐ NO ☐

13(b) Are you **RECEIVING** any financial assistance or sponsorship from other organization/institution/fund/foundation? YES ☐ NO ☐

If YES, please give details:

	Institution/Fund/Organization/Foundation (e.g. JPA, MARA, PETRONAS, PTPTN, etc.)	Duration of Sponsorship		Amount Per Annum (RM)	Bond Period (if any)
		From	To		
1					
2					
3					

13(c) Are you currently **APPLYING** any financial assistance or sponsorship from other organization/institution/fund/foundation? YES ☐ NO ☐

If YES, please give details:

	Institution/Fund/Organization/Foundation (e.g. JPA, MARA, PETRONAS, PTPTN, etc.)	Duration of Sponsorship		Amount Per Annum (RM)	Bond Period (if any)
		From	To		
1					
2					
3					

13(d) Have you applied for Daikin Malaysia Group scholarship before? YES ☐ NO ☐

13(e) Were you the recipient of the Daikin Malaysia Group scholarship before? YES ☐ NO ☐

13(f) Are you willing to serve an employment bond within any subsidiaries of Daikin Malaysia Group upon successful completion of studies? YES ☐ NO ☐

13(g) Are you willing to be an intern student under any subsidiaries of Daikin Malaysia Group during semester break? YES ☐ NO ☐

### Brief Explanation

14 Tell us why are you interested in getting the Daikin Scholarship? (in not more than 100 words)

### Declaration

15 Declaration of Applicant

I hereby declare that the information given in this application form is complete, true and accurate. I understand that any information given falsely or withheld will affect the decision of my application, and may result in my ineligibility for the scholarship award. I understand that any misrepresentation of facts herein will be sufficient cause for the company to terminate the scholarship received by me.

\_\_\_\_\_  
Name:

IC No:

Date: