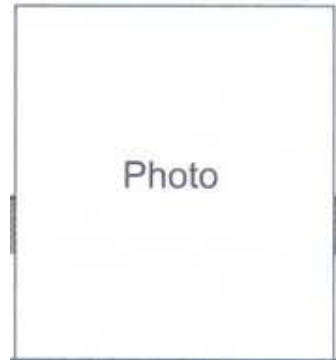




Student ID



APPLICATION FORM

Diploma in Health Promotion & Medical Missionary Volunteer

STUDENT'S DATA

Surname / Family Name

Given Name / Other Name

Name as Stated on IC / Passport

Nationality

Place of Birth

Date of Birth

 - -

Day Month Year

Marital Status

 Single Divorced

 Married Widowed

Sex

 Male Female

IC No.

 - -

Passport No. (For International Students Only)

Correspondence Address

State

Country

Postcode

Tel No.

Mobile-phone No.

 -

Emails

Education Background

SPM / 'O' Levels

UEC

Name of School / Institution

STPM / 'A' Levels

Diploma

SAM / CPU

Degree

State / Country

Others (Please Specify) _____

Date Application received: _____

Credentials Submitted:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> SPM / 'O' Levels | <input type="checkbox"/> UEC |
| <input type="checkbox"/> STPM / 'A' Levels | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> SAM / CPU | <input type="checkbox"/> Degree |
| <input type="checkbox"/> Others (Please Specify) _____ | |

Method of Payment: _____



"Because Your Wellness Is Our Priority"

Adventist Community Health Centre

1-G Jalan 4/93 Taman Miharja, Off Jalan Cheras, Kuala Lumpur

Tel: 03-92834414 Fax 03-92834414

Email: infor@8-treasures.com Website: www.8-treasures.com

"...because your wellness is our priority!"