



Adventist Community Health Centre

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

1-G Jalan 4/93 Taman Miharja

Jalan Cheras Kuala Lumpur

Tel: 03-92834414

Website: www.8-treasures.com

APPLICATION FORM

(Nutrition & Health Certificate)

Name:

(Last)

(First)

Date of Birth:

Place of Birth:

Age:

Sex:

Marital Status:

Religion:

Church Membership:

Occupation:

Mailing Address:

School Records:

Primary:

(Name & Address of School)

(Year Graduated)

Secondary:

(Name & Address of School)

(Year Graduated)

Tertiary:

(Name & Address of School)

(Year Graduated)

References:

(1 - Name & Address)

(2 - Name & Address)

State Why You Want to take this

course: _____

Applicant's Signature:

Date:

Note to Applicant: Please submit this form fully signed together with the following:

1. 2 Reference Letters
2. 1 Passport Size Photo
3. Photocopy of scholastic credentials – i.e. SPM result, College diploma or certificate
4. Photocopy of IC
5. Application Fee of RM200 – by cheque payable to SDA Corporation (M) Bhd.

For Admission Committee:

Date Application received:

Application ID:

Credentials Submitted:

Method of Payment: