

	PERKHIDMATAN UTAMA PUTRA INTERNATIONAL CENTRE UNIVERSITI PUTRA MALAYSIA 43400 UPM Serdang, Selangor, Malaysia Tel: 603-9679 6048 / 6198 E-mail: visapass_docs@upm.edu.my Kod Dokumen: SOK/PIC/SS01
	CHECKLIST FOR VAL APPLICATION

PLEASE USE CAPITAL LETTERS


Full Name	
Passport No	

No.	Required Documents (Please arrange the document according to the sequence given)	No. of Copy	Please Tick (If Complete)	
			Applicant	Staff
1.	Checklist for VAL Application (SOK/PIC/SS01)	1		
2.	Visa & Pass Application Form (UPM/PIC/BR01/APPLICATION FORM)	1		
3.	Letter of Eligibility (LOE) for Iranian student (Please refer page 4)	1		
4.	COPY of Offer letter	1		
5.	COPY of Deferment letter (if deferred)	1		
6.	COPY of Academic certificate (original & English translated)	1		
7.	COPY of Academic transcript (original & English translated)	1		
8.	COPY of Health Declaration Form (Please refer page 5)	1		
9.	Photo (White Background) - Size 3.5 cm x 4.5 cm	1		
10.	A4 sized COPY of passport (All pages of the passport) *Please write number on each of the pages *Minimum passport validity must be 18 months	1		
11.	Proof of VAL Application Payment to EMGS (ORIGINAL receipt)	1		

REMINDER

- Passport must be valid minimum 18 months from the date of application New Student Pass/ VAL.
- Need to ensure the offer letter/ deferment letter mention the current registration period.
- All the documents must be sent in **SOFTCOPY** (Scanned) to visapass_docs@upm.edu.my in **ONE FOLDER**.
- We reserve the rights to reject incomplete documents and any consequences are the full responsibility of the applicant.

Staff	
Date	

	<p align="center">SOKONGAN PENGURUSAN PELAJAR DAN PEKERJA ANTARABANGSA</p> <p align="center">PUSAT ANTARABANGSA (PUTRA INTERNATIONAL CENTRE) Kod Dokumen: SOK/INT/BR01/VP</p>
	<p align="center">VISA & PASS APPLICATION FORM</p>

TYPE OF APPLICATION

Please Tick (/)

New Student / VAL	<input type="checkbox"/>	Student Renewal	<input type="checkbox"/>	Special Pass	<input type="checkbox"/>	Invitation/ Release/ Claim Letter / Refund	<input type="checkbox"/>
New Dependent	<input type="checkbox"/>	Dependent Renewal	<input type="checkbox"/>	Transfer Sticker	<input type="checkbox"/>	Cancellation/ Shortening	<input type="checkbox"/>
Ikhtisas/Research Attachment	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Staff Dependent	<input type="checkbox"/>	Student I-KAD Renewal/ Replacement	<input type="checkbox"/>

Student's / Staff's Particulars:

1. Full Name : _____

2. Matric/Staff No. : _____

3. Gender : ☐ Male ☐ Female

4. Nationality : _____

5. Programme : ☐ Bachelor ☐ Master ☐ PhD

6. Programme Name : _____

7. Passport No. : _____

8. Passport Expiry
Date :

9. Mobile No. : _____

10. E-Mail
(In capital letter) : _____

11. Nearest Malaysia
Embassy : _____

DEPENDENT'S PARTICULARS :

Full Name	Passport No.	Passport Expiry Date	Social Pass Expiry Date	Relationship

I certify that all information given in this application is true and I have also submitted application for me or my dependents: student/working pass/visit pass (New/ Renewal/ Special Pass/ Shortening/ Endorsement).

.....

Student/ Staff's Signature

.....

Date

NO. SEMAKAN : 01
NO. ISU : 01
TARIKH KUATKUASA : 22/02/2019

The LOE Application Form-Scientific Counsellor of Iran Embassy in East Asia

***For Each Student, A Separate Form Must Be Submitted**

**** Two Copy** of this form must be submitted with a copy of Offer letter along with copy of application (all documents+ Copy of passport)

Name of The University:

Name of the Faculty:

Full Name of the Candidate:

Passport Number:

Full Address and Telephone Number (fixed line) of the candidate in Iran:

For Emergency Call in Iran:

Name:

Direct Phone:

Candidate Phone (Iran or Malaysia):

Candidate Email:

Level of the Program Applied: (Foundation/Bachelor/Master/PhD, etc)

Name of the Program Applied with its Major:

The proposed Supervisor/Advisor:

Name:

Phone:

Email :

Registration Fee (Getting Offer Letter):

The Visa Process Fees:

International Students Admin Fees:

Tuition Fees of the Program:

How the University get the Student:

Direct Application by Student ()

Through the Student Agents ()

If Agent, Name of the Agent:

Phone Number of Agent:

Any type of Grant/Scholarship/financial assistance provided for the Student (please explain):

HEALTH DECLARATION FORM FOR APPLICANTS

I hereby declare that I am free from the following diseases/conditions:

ITEMS	SELF		IF YES, PLEASE STATE
	YES	NO	
Tuberculosis			
Hepatitis B			
Hepatitis C			
HIV			
Drug use/abuse of:			
1. Opiates			
2. Cannabinoids			
3. Amphetamine			
4. Methamphetamine			
Sexually Transmitted Diseases			
Congenital or Inherited Disorder			
Cancer			
Epilepsy			
Psychiatric Illness			
Other illness			

IF YOU HAVE SOUGHT CONSULTATION FOR ANY OF THE LISTED DISEASES/CONDITIONS, YOU ARE REQUIRED TO SUBMIT YOUR MEDICAL HISTORY/REPORT FROM YOUR TREATING PHYSICIAN TO EDUCATION MALAYSIA GLOBAL SERVICES (EMGS) PANEL CLINIC/UNIVERSITY HEALTH CENTRE.

I declare that I will submit myself for compulsory Post-Arrival Health Examination as per Malaysian regulations. In the event that I should be diagnosed with any condition that deems me **UNSUITABLE** for studies, I will bear the cost of leaving Malaysia and will adhere to the immigration requirements on the visit pass and exit before the pass expiration, or any deadline given to me whichever is earlier.

I declare that in the event I should be diagnosed with any conditions that does not require my removal from Malaysia but requires medical treatment and I choose to remain in Malaysia to continue my studies, I will bear any and all costs relating directly or indirectly towards the medical management of my medical condition.

I confirm that EMGS Panel Clinic/University Health Centre shall not be responsible in any manner or whatsoever, arising out of EMGS Panel Clinic/University Health Centre certification of my medical status as suitable to study or reside in Malaysia despite the medical condition described above. I further undertake to hold EMGS Panel Clinic/University Health Centre harmless from any loss or liability arising from this decision and agree to indemnify and keep EMGS Panel Clinic/University Health Centre from any loss or liability arising from this decision.

.....
Date

.....
(Name of applicant)

EMGS ACCOUNT DETAILS FOR FEE PAYMENT

Payment Method can be made through **Cheque / Bank Draft / Bank Transfer**

Account Information

Payable to : EMGS Escrow Account 1
Account No. : 514057662341
Account Name : Education Malaysia Global Services
Swift Code : MBBEMYKLXXX
Bank : Malayan Banking Berhad (MAYBANK)
Bank Address : Lot 1.01, Ampang Park, Jalan Ampang, 50450,
Kuala Lumpur, Malaysia

EXAMPLE OF RECEIPT PAYMENT PAID AT BANK

Maybank
Deposit - Cash

Taman Sri Serdang
June 05, 2018
12:18:11

Name: EMGS ESCROW ACCOUNT *EMGS ESCROW ACCOUNT
Account No.: 514057662341
Amount: RM1,280.00

EMGS ESCROW ACCOUNT *EMGS ESCROW ACCOUNT

DEPOSIT / PLACEMENT / CREDIT / PAYMENT
Name: EDUCATION MALAYSIA GLOBAL SERVICE
Account / Card No. 514057662341
Amount RM 1280.00
Card No.
Amount RM
Transaction Description MD ALMAMUN
Reference No. BR0881679
DEBIT
Name:
Account No.
Amount RM
Please check and verify the transaction details before leaving the counter. The Bank shall not be responsible or liable for any failure to notify of any discrepancy(ies). This is a computer printout.
CA 02/BCF/1215

J: 00022090181 567695 Sup ID: NA Tell ID: 00022090

PASSPORT NUMBERING AND PHOTOCOPY EXAMPLE

Please Number All the Copies to Avoid Missing Pages and Delay at EMGS

For Example: If Your Passport Has 60 Pages, Then On Each Page Of Your Photocopy
Write The Page Numbers Per Total Pages, 1-2/60, 3-4/60 ... 59-60/60

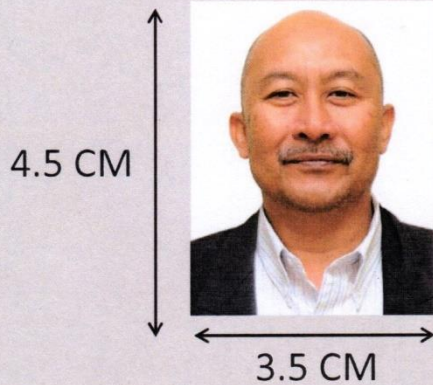
If Your Passport Has 40 Pages, Then On Each Page Of Your Photocopy
Write The Page Numbers Per Total Pages, 1-2/40, 3-4/40 ... 39-40/40



PHOTO GUIDELINE



ACCEPT



Taken in front of a plain **WHITE** background only

Clear and sharp

Taken with a neutral facial expression, mouth closed



REJECT



COLOUR background



Blur picture



Edited picture, toned/pattern background



-Smiling with teeth showing
- Wrong size



Face & shoulder not facing forward