PERKHIDMATAN UTAMA



PUTRA INTERNATIONAL CENTRE UNIVERSITI PUTRA MALAYSIA

43400 UPM Serdang, Selangor, Malaysia
Tel: 603-9769 6048 / 6198 E-mail: visapass docs@upm.edu.my

Kod Dokumen: SOK/PIC/SS09

CHECKLIST FOR NEW STUDENT PASS (COME WITH VAL) APPLICATION

PLEASE USE CAPITAL LETTERS

| Full Name | |
|-------------|--|
| Passport No | |

| No. | Required Documents | | | Please Tick (If Complete) | |
|-----|---|------|-----------|------------------------------|--|
| | (Please arrange the document according to the sequence given) | Сору | Applicant | Staff | |
| 1 | Checklist for New Application Student Pass Come With VAL (SOK/PIC/SS09) | 1 | | | |
| 2 | Visa & Pass Application Form (SOK/INT/BR01/VP) | 1 | | | |
| 3 | COPY of VAL approval | 1 | | | |
| 4 | COPY of Latest Registration Slip | 2 | | | |
| 5 | COPY of Health / Medical Insurance cover notes (Not applicable for those who bought insurance via EMGS) | 3 | | | |
| 6 | ORIGINAL & COPY of Medical Report – From University Health Centre, UPM | 2 | | | |
| 7 | ORIGINAL & COPY of Verification letter – From University Health Centre, UPM | 2 | | | |
| 8 | Receipt of Payment (Processing Fee) to UPM (CIMB - UPM Collection) (RM270 - 1 year visa approval) (RM300 - 2 years visa approval) (RM330 - 3 years visa approval) *If payment has been made, kindly show the receipt for verify purpose | 2 | | | |
| 9 | ORIGINAL Passport | - | | | |

REMINDER:

- 1. Applicants are required to submit all the document once registration complete.
- 2. Documents which **DO NOT** follow the specifications are deemed incomplete and will be rejected.
- 3. Pease **DO NOT** staple your documents and photo, use paper clip instead.
- DO NOT make any travel plans until all application process have been completed. (Any request to expedite application processing will not be entertained by PIC)

| Staff | |
|-------|--|
| Date | |

NO. SEMAKAN : 01 NO. ISU : 01

TARIKH KUATKUASA : 22/02/2019 1 drpd. 1

UPM UNIVERSITI PUTRA MALAYSIA BERILM U BERBAKTI

SOKONGAN PENGURUSAN PELAJAR DAN PEKERJA ANTARABANGSA

PUSAT ANTARABANGSA (PUTRA INTERNATIONAL CENTRE) Kod Dokumen: SOK/INT/BR01/VP

VISA & PASS APPLICATION FORM

TYPE OF APPLICATION

Please Tick (/)

| New Student / VAL | Student Renewal | Special Pass | Invitation/ Release/ Claim Letter / Refund |
|---------------------------------|----------------------|------------------|---|
| New Dependent | Dependent Renewal | Transfer Sticker | Cancellation/ Shortening |
| Ikhtisas/Research Attachment | Staff | Staff Dependent | Student I-KAD Renewal/ Replacement |

| Studer | nt's / Staff's Particula | rs: |
|--------|--------------------------|-----------------------|
| 1. | Full Name | : |
| 2. | Matric/Staff No. | : |
| 3. | Gender | : Male Female |
| 4. | Nationality | : <u> </u> |
| 5. | Programme | : Bachelor Master PhD |
| 6. | Programme Name | : <u> </u> |
| 7. | Passport No. | : |
| 8. | Passport Expiry Date | : dd mm yyyy |
| 9. | Mobile No. | : |
| 10. | . E-Mail | |
| | (In capital letter) | : |
| 11. | . Nearest Malaysia | |
| | Embassy | : |

NO. SEMAKAN : 01 NO. ISU : 01

TARIKH KUATKUASA : 22/02/2019 1 drpd. 2

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

2 drpd. 2

PAYMENT TO EMGS

| PATMENT TO EMGS | | | | | | | | |
|-----------------------|-------|-----------------------------------|----------------------|------------------------------------|--------------------|---------------|---------|---------------------|
| | | NEW STUDENT | | | | DEP | ENDENT | |
| COUNTRY | VISA | VAL / VARIATION INTER | PROGRESSION | VARIATION INTRA / CONVERSION | STUDENT RENEWAL | NEW | RENEWAL | TRANSFER STICKER |
| China | 30.00 | 1,359.00 | 829.00 | 299.00 | 288.40 | 915.00 | 268.40 | 83.00 |
| Denmark | 6.00 | 1,335.00 | 805.00 | 275.00 | 264.40 | 867.00 | 244.40 | 59.00 |
| India | 50.00 | 1,379.00 | 849.00 | 319.00 | 308.40 | 955.00 | 288.40 | 103.00 |
| Indonesia (Two years) | 15.00 | 1,617.40 | 1,087.40 | 557.40 | 546.80 | 885.00 | 253.40 | 68.00 |
| Iran / Iraq | 20.00 | 1,349.00 | 819.00 | 289.00 | 278.40 | 895.00 | 258.40 | 73.00 |
| Iraq | 20.00 | 1,349.00 | 819.00 | 289.00 | 278.40 | 895.00 | 258.40 | 73.00 |
| Japan | 20.00 | 1,349.00 | 819.00 | 289.00 | 278.40 | 895.00 | 258.40 | 73.00 |
| Myanmar | 19.50 | 1,348.50 | 818.50 | 288.50 | 277.90 | 894.00 | 257.90 | 72.50 |
| Nigeria | 20.00 | 1,349.00 | 819.00 | 289.00 | 278.40 | 895.00 | 258.40 | 73.00 |
| Philippines | 36.00 | 1,365.00 | 835.00 | 305.00 | 294.40 | 927.00 | 274.40 | 89.00 |
| Saudi Arabia | 17.20 | 1,346.20 | 816.20 | 286.20 | 275.60 | 889.40 | 255.60 | 70.20 |
| South Korea | 30.00 | 1,359.00 | 829.00 | 299.00 | 288.40 | 915.00 | 268.40 | 83.00 |
| Sri Lanka | 15.00 | 1,344.00 | 814.00 | 284.00 | 273.40 | 885.00 | 253.40 | 68.00 |
| Sudan | 12.90 | 1,341.90 | 811.90 | 281.90 | 271.30 | 880.80 | 251.30 | 65.90 |
| Others Countries | 20.00 | 1,349.00 | 819.00 | 289.00 | 278.40 | 895.00 | 258.40 | 73.00 |
| OTHERS APPLICAT | SF | | ELLATION VISA ND) | 53.00 153.00 206.00 | •NAME OF BANK | EMGS AC | CCOUNT | |
| | | SPECIAL PASS (2ND) I-KAD RENEWAL | | 50.00 | •ACCOUNT NO | : 51405766234 | 11 | Maybank |

PAYMENT TO UPM

150.00

•ACCOUNT NAME : EDUCATION MALAYSIA GLOBAL SERVICES

| | STUDENT | | | | | | |
|-------------------------------|---------|--|---------|--|---|---|-----------|
| TYPES OF APPLICATION | VAL | PROGRESSION / VARIATION / CONVERSION | RENEWAL | I-KAD RENEWAL / REPLACEMENT / LOST | SPECIAL PASS (1ST) / INVITATION LETTER / RELEASE LETTER | TRANSFER STICKER / SHORTEN / CANCELLATION | DEPENDENT |
| PROCESSING FEE AMOUNT (RM) | 270 | 50 | 30 | 30 | 100 | 50 | 50 |

UPM ACCOUNT

I-KAD REPLACEMENT / LOST

NAME OF BANK : CIMB
ACCOUNT NO : 8002155042

ACCOUNT NAME : UPM COLLECTION



^{*}All prices are subject to change without prior notice

UPM ACCOUNT DETAILS FOR PROCESSING FEE PAYMENT

Payment Method can be made through CIMB counter / online payment

Bank : CIMB

Account No. : 8002155042 Account Name : UPM Collection

Amount : RM 270.00 (based on duration VAL approval)

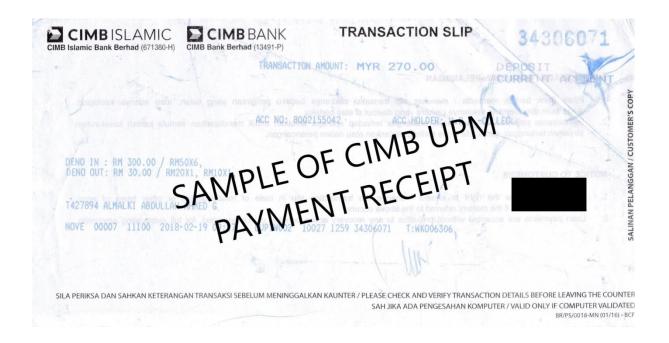
Recipient Reference : Matric No. / Passport No.

Other Payment Details : Processing Fee

Notes:

- *Please make sure you have **made the payment** before come to the counter.
- *Please make **two** copies of each receipt.
- *Please make sure the reference number of each receipt is clear.

EXAMPLE OF RECEIPT PAYMENT PAID AT CIMB BANK



EXAMPLE OF MEDICAL REPORT (NO. 6)

| Qualification and : Pubs | No. Pendaffarra Penda : 6986. Pega at Pendagan Pusat Kasihatan Universit Universit Putra Micayala 40900 UPM SERDAJIS | ION 4 - CERTIFICATION BY THE | Borang RME / IPT Internation | |
|--|---|--|--|-------------|
| ertify that I have on this date 18.4.2008 examined Ms A Passport No. d found him / her: IN GOOD HEALTH FOUND & HAVE (Please state) HAS MEDICAL PROBLEM (Please State) IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic University Official stamp of Clinic Management (Please State) | No. Pendaligna Penda : 6484. Pega ai Pendagan Pusa Kasibatan Universiti Universiti Putra Mc.aydis 45400 UPM SERDAMS | | EXAMINING DOCTOR | |
| ertify that I have on this date 18.4.2008 examined Ms A Passport No. d found him / her: IN GOOD HEALTH FOUND & HAVE (Please state) HAS MEDICAL PROBLEM (Please State) IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic University Official stamp of Clinic Management (Please State) | No. Pendaligna Penda : 6484. Pega ai Pendagan Pusa Kasibatan Universiti Universiti Putra Mc.aydis 45400 UPM SERDAMS | tick (v) in the appropriate box | | |
| MS N Passport No. of found him / her :- IN GOOD HEALTH FOUND IN HAVIN (Please state) HAS MEDICAL PROBLEM (Please State) IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic Unity 434 | No. Pendaligna Penda : 6484. Pega ai Pendagan Pusa Kasibatan Universiti Universiti Putra Mc.aydis 45400 UPM SERDAMS | | | |
| IN GOOD HEALTH FOUND TO HAVE (Please state) HAS MEDICAL PROBLEM (Please State) IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic Trues The place of Doctor Name of Doctor Qualification and Official stamp of Clinic Trues The place of Doctor Name of Doctor Qualification and Official stamp of Clinic Trues The place of Doctor Place of Doctor Name of Doctor Qualification and Official stamp of Clinic Trues The place of Doctor Place o | No. Pendaligna Penda : 6484. Pega ai Pendagan Pusa Kasibatan Universiti Universiti Putra Mc.aydis 45400 UPM SERDAMS | y that I have on this date 18.4.9c | AB examined | |
| IN GOOD HEALTH FOUND TO HAVINIPIEM (Please State) HAS MEDICAL PROBLEM (Please State) IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic marks By University Official | Pega a Perusakan Pusat Kasibatan Universit Universiti Putra Mc.ayris 43400 uPM SERDAMS | s_A | N _ Passport No ಕಿನೆ20೨ | _ |
| FOUND TO HAVE (Please State) HAS MEDICAL PROBLEM (Please State) IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic Month Additional Comments (Please State) | Pega a Perusakan Pusat Kasibatan Universit Universiti Putra Mc.ayris 43400 uPM SERDAMS | und him / her :- | 1 1 - | |
| FOURD TO HAVE PROBLEM (Please State) HAS MEDICAL PROBLEM (Please State) IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic The pure of Doctor Official stamp of Clinic The pure of Doctor Official stamp of Clinic | Pega a Perusakan Pusat Kasibatan Universit Universiti Putra Mc.ayris 43400 uPM SERDAMS | _ | OIF | |
| HAS MEDICAL PROBLEM (Please State) IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic The state of Doctor Official stamp of Clinic The state of Doctor Official stamp of Clinic | Pega a Perusakan Pusat Kasibatan Universit Universiti Putra Mc.ayris 43400 uPM SERDAMS | IN GOOD HEALTH | \mathcal{L} | |
| HAS MEDICAL PROBLEM (Please State) IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic The state of Doctor Official stamp of Clinic The state of Doctor Official stamp of Clinic | Pega a Perusakan Pusat Kasibatan Universit Universiti Putra Mc.ayris 43400 uPM SERDAMS | | IP L | |
| HAS MEDICAL PROBLEM (Please State) IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic The control of Doctor Official stamp of Clinic The control of Doctor Official stamp of Clinic | Pega a Perusakan Pusat Kasibatan Universit Universiti Putra Mc.ayris 43400 uPM SERDAMS | FOU D HAV (Ple estate | | |
| IS UNDERGOING TREATMENT FOR: (Please State) 18/07/16 | Pega a Perusakan Pusat Kasibatan Universit Universiti Putra Mc.ayris 43400 uPM SERDAMS | 1 1 Zini A | | |
| IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic marks By University Official | Pega a Perusakan Pusat Kasibatan Universit Universiti Putra Mc.ayris 43400 uPM SERDAMS | 1 | | |
| IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic The state of Doctor Official stamp of Clinic Public distribution and Official stamp of Clinic | Pega a Perusakan Pusat Keelhafan Universit Universit Putra Mc.ayda 43400 uPM SERDAMB | <i></i> | | |
| IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic marks By University Official | Pega a Perusakan Pusat Keelhafan Universit Universit Putra Mc.ayda 43400 uPM SERDAMB | | | |
| Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic marks By University Official | Pega a Perusakan Pusat Keelhafan Universit Universit Putra Mc.ayda 43400 uPM SERDAMB | HAS MEDICAL PROBLEM (Plea | se State) | |
| Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic marks By University Official | Pega a Perusakan Pusat Keelhafan Universit Universit Putra Mc.ayda 43400 uPM SERDAMB | 560 | | |
| Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic marks By University Official | Pega a Perusakan Pusat Keelhafan Universit Universit Putra Mc.ayda 43400 uPM SERDAMB | 2 | | |
| Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic marks By University Official | Pega a Perusakan Pusat Keelhafan Universit Universit Putra Mc.ayda 43400 uPM SERDAMB | | | |
| Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic marks By University Official | Pega a Perusakan Pusat Keelhafan Universit Universit Putra Mc.ayda 43400 uPM SERDAMB | | | |
| Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic marks By University Official | Pega a Perusakan Pusat Keelhafan Universit Universit Putra Mc.ayda 43400 uPM SERDAMB | | | |
| Signature of Doctor Name of Doctor Qualification and Official stamp of Clinic marks By University Official | Pega a Perusakan Pusat Keelhafan Universit Universit Putra Mc.ayda 43400 uPM SERDAMB | | FOR: (Please State) | |
| Name of Doctor : No. Qualification and : Puss Official stamp of Clinic Univ 434 | Pega a Perusakan Pusat Keelhafan Universit Universit Putra Mc.ayda 43400 uPM SERDAMB | IS UNDERGOING TREATMENT | 50 00 00 00 00 00 00 00 00 00 00 00 00 0 | |
| Name of Doctor : No. Qualification and : Puss Official stamp of Clinic Univ 434 | Pega a Perusakan Pusat Keelhafan Universit Universit Putra Mc.ayda 43400 uPM SERDAMB | IS UNDERGOING TREATMENT | | |
| Name of Doctor : No. Qualification and : Puss Official stamp of Clinic Univ 434 | Pega a Perusakan Pusat Keelhafan Universit Universit Putra Mc.ayda 43400 uPM SERDAMB | IS UNDERGOING TREATMENT | | |
| Name of Doctor : No. Qualification and : Puss Official stamp of Clinic Univ 434 | Pega a Perusakan Pusat Keelhafan Universit Universit Putra Mc.ayda 43400 uPM SERDAMB | IS UNDERGOING TREATMENT | | |
| Name of Doctor : No. Qualification and : Puss Official stamp of Clinic Univ 434 | Pegs. at Pendagan Pusat Kashgian Universit Universiti Futra Mc.ayda 43400 UPM SERDAMS | | | |
| Official stamp of Clinic Univ | Possi Keelhetan University Universiti Putra Mosayris 45400 UPM SERDAMS | | Signature of Doctor | |
| marks By University Official | 45400 UPM SERDANG | 18/07/18. | Name of Doctor : No. Pendalizaria Pond | ∴ : 69કથ€ , |
| | LAYSIA | 18/07/18. | Name of Doctor : No. Pendadaran Pendadaran Pendadaran Pendadaran Pendadaran Pendadaran Pendadaran Pendadaran University Pendadaran University Pendadaran P | MCL/H |
| FIT AUMERT TO STUDY IN UNIVERSITY PUTRA MALAYS | ULAYSIA | 18/07/18. | Name of Doctor : No. Pendadaran P | eq.Hj |
| FIT UNDER TO STUDY IN UNIVERSITY PUTRA MALAYS | ULAYSIA | 18/07/18. | Name of Doctor : No. Pendadaran P | eq.Hj |
| TITTOWN TO STUDY IN UNIVERSITY PUTRA MALAYS | LAYSIA | 18/07/18. | Name of Doctor : No. Pendadaran P | eq.Hj |
| | | 18/07/18 · | Name of Doctor Cualification and Official stamp of Clinic No. Pendarization Property Posar Kaelhatan Universit Putra McLay 43400 UPM SEPIDAL | eq.Hj |
| 100010 | | 18/07/18 · | Name of Doctor Cualification and Official stamp of Clinic No. Pendarization Property Posar Kaelhatan Universit Putra McLay 43400 UPM SEPIDAL | eq.Hj |
| 18/07/18 | | rks By University Official Co | Name of Doctor Qualification and Official stamp of Clinic No. Pendarization Prince Pusar Keelington University Putra McLay 43400 UPM SEPIDAL NIVERSITY PUTRA MALAYSIA | eq.Hj |
| | | rks By University Official Co | Name of Doctor Qualification and Official stamp of Clinic No. Pendarization Prince Pusar Keelington University Putra McLay 43400 UPM SEPIDAL NIVERSITY PUTRA MALAYSIA | eq.Hj |
| No. ration of French (934) | | rks By University Official Control of the STUDY IN U | Name of Doctor Qualification and Official stamp of Clinic No. Pendaffarm Prince Pusar Kselhetan Universit Putar McLay 43400 UPM SEPDAR PA / 18 | eq.Hj |

EXAMPLE OF VERIFICATION LETTER (NO. 7)





PUSAT KESIHATAN UNIVERSITI UNIVERSITY HEALTH CENTRE

Reference number: 2017060499

Date: 18/07/2018

CERTIFICATION BY THE EXAMINING DOCTOR

| Name Of Doctor : Dr Soe Lin Thu@Syed Zohib Hussain Qualification : MBBS(MDY) | |
|---|------------------------------------|
| Hospital/Clinic : Pusat Kesihatan Universiti, UPM. | |
| Registration Number: 13178 | コヒ |
| To who may constru | 7- |
| I hereby certify pat pr/Mrs AUSAN No. 05887202 deemed medically fit to study in Malaysia, in | 321) bearing Passport |
| regulated by the Ministry of Education (MOE), Malaysia. | nace with the mandatory guidelines |
| | |

| Signature Of Th | e Doctor | Date | 18/07/18 |
|------------------|---|------|----------|
| Official Stamp : | | | |
| | No. Pentudipan Peroh, 69344. Provide Post of University Internal Peter Bissoy de Control Peter Bissoy de | | |