



**TPM COLLEGE**

**TECHNOLOGY PARK MALAYSIA COLLEGE SDN. BHD.**  
(formerly known as TPM Academy Sdn. Bhd.)

Admission and Records Department  
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**APPENDIX B**

**STUDENT BIODATA FORM**

PLEASE  
AFFIX  
PHOTO  
HERE

**A. Personal Detail**

STUDENT MATRIC NO : .....

Academic Program  Foundation  Diploma  Degree

COURSE NAME : .....

Current Semester / Year  Spring  Summer  Fall

**PERSONAL PARTICULARS (CAPITAL LETTERS)**

Full Name : .....

Gender : ..... Age : ..... Date of Birth : .....

Race : ..... Religion : .....

NRIC / Passport No : ..... Visa No : .....

Citizen : .....

Marital Status  Single  Married  Divorced  Others

**B. Contact Details**

Permanent Address	
Telephone No (Residence / Office)	
Handphone No	
E-mail address	

**Correspondence Address (Ignore if the same as above)**

Address	
Telephone No (Residence / Office)	
Telephone No (H/Phone)	
E-mail address	

**PARENTS / NEXT OF KIN WHOM CAN BE CONTACTED IN CASE OF EMERGENCY**

Name		Relationship :
Address		
Telephone No	Office :	Handphone :
NRIC / Passport No.		Email :

**C. Family Background**

<b>PARTICULARS</b>	<b>Father / Guardian</b>	<b>Mother / Guardian</b>
Name		
NRIC / Passport No.		
Race		
Religion		
Permanent Home Address		
Correspondence Address		
Occupation		
Employer		
Address of Employer		
Monthly Salary		
Telephone (House) (Handphone) (Office)		

**D. Education**

**EDUCATIONAL BACKGROUND**

No	School / Institution	Duration of Study	Highest Qualification	Field of Study	Year Obtained
1.					
2.					
3.					
4.					
5.					

**Responsibility:**

No.	Name of Children	Age	Name of School	Monthly Expenses
1.				
2.				
3.				
4.				
5.				
6.				

I hereby declare that all the above information is true and correct. If in the opinion of TPM College, there is false information in this form; TPM College reserved the right to take action against myself.

Yours Sincerely

Postal Address

.....

.....

Guarantor's Signature

.....

.....

.....

Date : .....

Permanent Address

.....

.....

.....

.....

**Witness:**

1. Signature : ..... Date : .....  
(Government Officer / Lawyer / Principle / CEO)

Name : .....

NRIC / Passport / Visa No. : .....

Occupation : .....

Official Stamp : .....

**STUDENT DECLARATION / ACKNOWLEDGEMENT**

- (1) I agree and promise to pay all the fees stated before I sit for the final examination on any one semester, in case my guarantor / sponsor fails to settle the fees.
- (2) I agree that TPM College has the right to make deduction from the scholarship for financial assistance given to me settle the payment as stated in clause one (1) above.
- (3) I agree that TPM College has the right to demand payment stated in clause one (1) above from my guarantor in case I leave TPM College.
- (4) I agree that TPM College has the right to reschedule the fees without any warning / notice.

.....

Student's Signature

.....

Witness' Signature

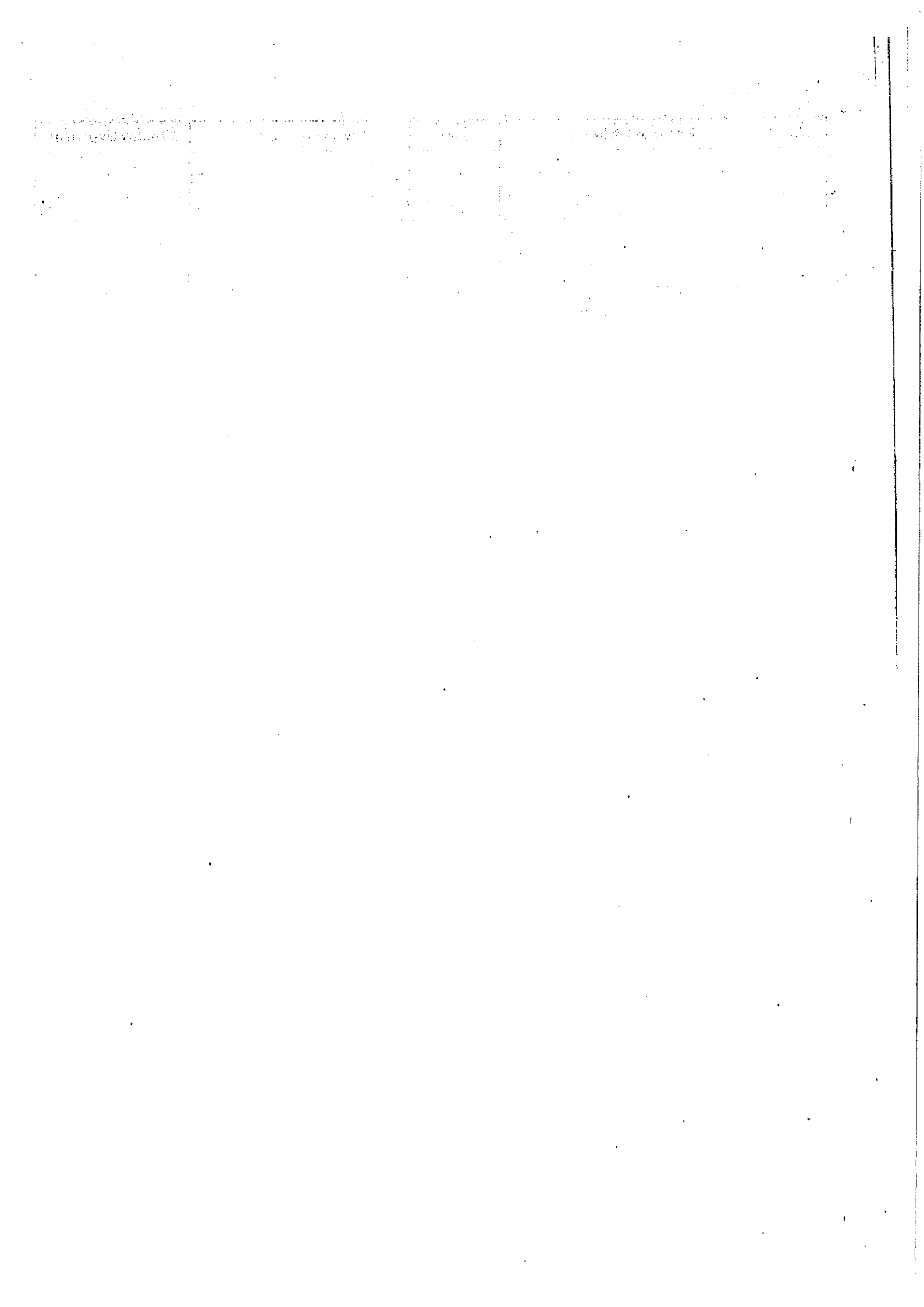
Date : .....

Name : .....

NRIC / Passport No. : .....

Passport No. : .....

Date : .....



# HEALTH CERTIFICATION FORM

MATRIC NO : .....  
 (to be filled in by TPM College officer)

PROGRAMME : .....

The successful student must fill in the form below and bring it to the medical officer during medical examination together with the letter.

NAME OF APPLICANT : .....  
 (IN BLOCK LETTERS)

NAME OF PARENTS / GUARDIAN : .....

ADDRESS : .....  
 .....  
 .....

DATE OF BIRTH : ..... PLACE of BIRTH : .....

NRIC / PASSPORT NO : .....

Marital Status  Single  Married  Divorced  Others

Have you ever been given smallpox injection?  Yes  No

If so, give the latest date .....

Are you suffering from the following ailments:

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| a) Cough with spitting of blood, Asthma, Piercing Pain, or Lung problem | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) Stiff muscle. Swelling (gout), Epilepsy or Hernia                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c) Nerve disorder, Mental disorder or Epilepsy                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d) Any serious ailment or injury?                                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e) Had you ever been hospitalized before?                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| For what ailment?   | .....                    |     |                          |    |
| f) Do you experience frequent severe headache?                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| g) Are you sensitive with any medicine or food?<br>(If so, describe)    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Had you ever been advised by a medical panel?  Yes  No

If so, please explain further / in detail. ....

Is there anyone in your family or close relative who is suffering from pulmonary tuberculosis, mental disorder or epilepsy?  Yes  No

**I declare that the information provided is correct and complete.**

Date : .....

Signature : .....

*Note: If you are wearing glasses for a certain purpose, you are required to bring them along to be examined by the Medical Officer.*

Section II

(To be filled in by the Medical Officer examining the applicant)

**MEDICAL EXAMINATION**

Medical Examining Officer is requested to conduct medical examination for the applicant and complete the report below.

- 1. a. Is the applicant known to you? a)  Yes  No
  - b. Had you ever treated him/her before? b)  Yes  No
  - c. Height c) ..... cm
  - d. Weight d) ..... kg
- 

**2. EYE EXAMINATION**

- a. Vision (without glasses) a) .....
  - b. Vision (with glasses) b) .....
  - c. Colour blind c) .....
- 

**3. EAR EXAMINATION**

- a. Are the ears full of pus? a)  Yes  No
  - b. Condition of eardrum b) .....
  - c. Level of hearing c) .....
- 

**4. DENTAL EXAMINATION**

- a) .....
- 

**5. THROAT EXAMINATION**

- a) .....
- 

**6. CHEST EXAMINATION**

- a. Is there appearance unusual? a) .....
  - b. When inhaling, is the chest expansion normal? b) .....
  - c. Is it of the same size? c) .....
  - d. Percussion d) .....
  - e. Auscultation e) .....
  - f. X-ray examination report f) .....
-

**7. HEART CONDITION**

- a. Rhythm a) .....
  - b. Auscultation at upper part of heart b) .....
  - c. Is there any change in size c) .....
  - d. Is there any throbbing sound d) .....
- 

**8. PULSE**

- a. Rate a) .....
  - b. Beat b) .....
  - c. Sign of change in pulse c) .....
- 

**9. BLOOD PRESSURE**

- a. It is better to use blood pressure apparatus mercury a) .....
  - b. Check pressure when lying down or sitting b) .....
- 

**10. IS THERE ANY ENLARGEMENT OF:**

- a. Liver, a) .....
  - b. Spleen, or b) .....
  - c. Severe swelling of abdomen c) .....
- 

**11. URINE EXAMINATION**

- a. S. Gravity a) .....
  - b. Albumin b) .....
  - c. Sugar c) .....
  - d. Acetone d) .....
  - e. Microscopic examination of waste liquid e) .....
-

**12. EXAMINE HERNICAL ORIFICES**

a) .....

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**13. NERVE EXAMINATION:**

- a. Patella reaction a) .....
- b. Ankle reaction b) .....
- c. Plantar reflex c) .....
- d. Are pupils of the same size? d)  Yes  No
- e. Do pupils react against light? e)  Yes  No
- f. Loss of senses f)  Yes  No

Reexamination considered necessary by Examination Officer to confirm results:

.....

I hereby confirm that examined ..... and found him/her to be free from any ailment and is eligible to join TPM College.

Signature : .....

Hospital / Clinic : .....

.....

Date : .....