



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

PARTICULARS	Father / Guardian	Mother / Guardian
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:

- Signature : Date :
 (Government Officer / Lawyer / Principle / CEO)
 Name :
 NRIC / Passport / Visa No. :
 Occupation :
 Official Stamp :

STUDENT DECLARATION / ACKNOWLEDGEMENT

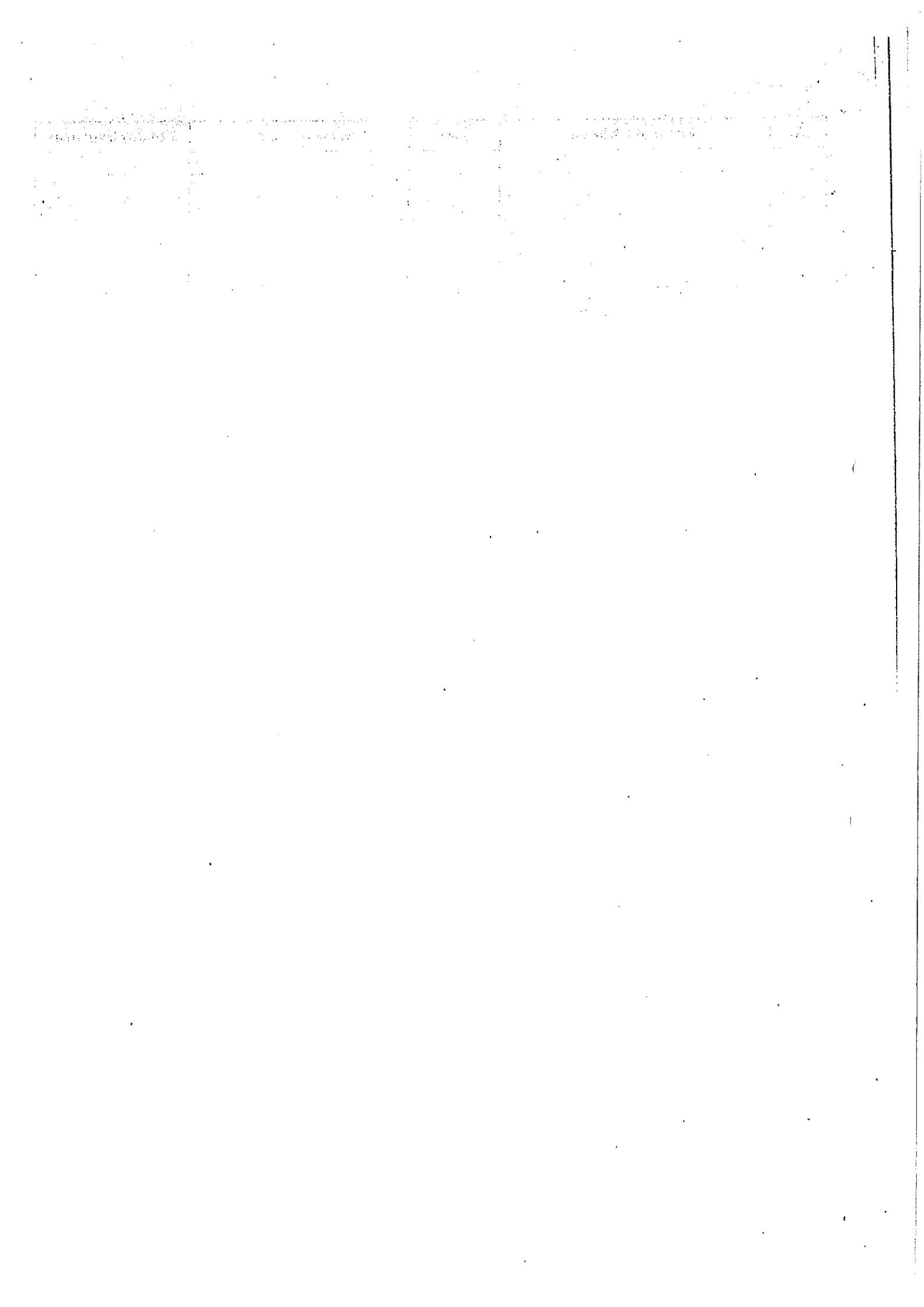
- I agree and promise to pay all the fees stated before I sit for the final examination on any one semester, in case my guarantor / sponsor fails to settle the fees.
- I agree that TPM College has the right to make deduction from the scholarship for financial assistance given to me settle the payment as stated in clause one (1) above.
- 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.
- 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?
(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)

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 :

ACADEMIC CALENDAR SEMESTER 1 2016



WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	21-Mar <i>NSWP</i>	22-Mar	23-Mar	24-Mar	25-Mar <i>Last day for Course Enrolment</i>
2	28-Mar	29-Mar	30-Mar	31-Mar	1-Apr <i>Last day for Add/Drop</i>
3	4-Apr	5-Apr	6-Apr	7-Apr	8-Apr
4	11-Apr	12-Apr	13-Apr	14-Apr	15-Apr
5	18-Apr	19-Apr	20-Apr	21-Apr	22-Apr
6	25-Apr	26-Apr	27-Apr	28-Apr	29-Apr
7	2-May <i>Labour day (rep)</i>	3-May	4-May	5-May	6-May
	9-May	10-May	11-May	12-May	13-May
EXAMINATION WEEK					

Notes:

- 1) TPM College reserves the right to alter this schedule.
- 2) Summer Semester will commence on 30 May 2016 (June Intake)



