



APEL.A APPLICATION FORM

Full Name (as in IC/ Passport)							
IC/ Passport Number							
Date of Birth							
Gender (Please tick [√] one)	<input type="checkbox"/> Male <input type="checkbox"/> Female						
Race							
OKU Category (refer to page 3)							
Employment Sector (refer to page 3)							
Job Category (refer to page 3)							
Field of Work (refer to page 3)							
Employer's Name							
Your Current Employment Status (refer to page 3)							
Household Income							
Correspondence Address							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Postcode:</td> <td style="width: 33%;">City:</td> <td style="width: 33%;">State:</td> </tr> </table>	Postcode:	City:	State:			
Postcode:	City:	State:					
Contact Numbers	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Home:</td> <td style="width: 33%;">Office:</td> <td style="width: 33%;">Mobile:</td> </tr> <tr> <td>Fax:</td> <td colspan="2">Email:</td> </tr> </table>	Home:	Office:	Mobile:	Fax:	Email:	
Home:	Office:	Mobile:					
Fax:	Email:						
Level and Field of Study Applied (Please tick [√] one)	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree Field of Study:						
Highest Level of Academic Qualification (Please tick [√] one)	<input type="checkbox"/> STPM <input type="checkbox"/> HSC <input type="checkbox"/> A-Level <input type="checkbox"/> Diploma <input type="checkbox"/> Equivalent (Enclose a certified true copy of the qualification)						

I hereby declare that all information/ documents provided are authentic, legit, and accurate. I fully understand that City University reserves the right to reject my registration if proven otherwise.

Signature	:		For Office Use Only
Name	:		Processed by:
Date	:		Reference number: Date:

This application is subject to the following conditions:

- a. The applicant permits the Management of Malaysian Qualifications Agency (MQA) and City University APEL Centre (CAC) to make references and to use the information or data in this application as may be deemed necessary
- b. Documents that are not in English or Bahasa Malaysia must be accompanied by a certified translation in full
- c. Applicant will be subjected to an aptitude test, submission of portfolio and interview. Once approved, please prepare a bank draft (non-refundable of RM.....) made payable to the U.C.I Education Sdn. Bhd for a registration process. Please write your name on the backside of the bank draft. Cash is unacceptable.
- d. Applicant also can make payment via bank transfer. Please refer below.

Payment transfer to CIMB Bank account.

Account Name: U.C.I Education Sdn. Bhd.

Account No: 800 229 5164

Please email payment slip to:

cac@city.edu.my and credit.control@city.edu.my

Provide your full name, contact no., and NRIC/ Passport No. in the email.

Choose one for each category

Category	Description
OKU Category	Hearing Loss
	Visual Impairment
	Physical Disability
	Learning Problem
	Speech Impairment
	Lack of Mental Effort
	Multiple Disabilities
	Not Applicable
Employment Sector	Government
	Statutory Body
	Multinational Private
	Local Private
	Own Company
	Government Linked Company (GLC)
	Non-Governmental Organisations (NGOs)
	Others
Job Category	Key Public Sector Positions/ Top Management
	Management and Professional/ Manager
	Administration and Support/ Executive
	Executor/ Operation
	Others
Your Current Employment Status	Working Full Time
	Working Part Time
	Not Yet/ Not Working
	Others
Household Income	Less than RM2500
	RM2500-RM3169
	RM3170-RM3969
	RM3970-RM4849
	RM4850-RM5879
	RM5880-RM7099
	RM7110-RM8699
	RM8700-RM10959
	RM10960-RM15039
	Above RM15039