

Serial No: _____

Date : _____



LAM WAH EE NURSING COLLEGE

APPLICATION FORM

A 3-YEAR FULLY SPONSORED DIPLOMA NURSING PROGRAMME BY HOSPITAL LAM WAH EE

Please write neatly in BLOCK letters

A: PERSONAL DATA

Name :			
I.C. No.:		Date of Birth :	
Age:		Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race:		Religion :	
Height: cm Weight: kg		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Home Address:		Postal Address:	
Post Code: State:		Post Code: State:	
Telephone No.:		Mobile phone No:	E-mail:

B. FAMILY BACKGROUND

Name of Father:	Occupation:
Name of Mother:	Occupation:
Total No. of Siblings(Including yourself):	Position among siblings(e.g. 1 st , 2 nd):

C. ACADEMIC QUALIFICATION

S.P.M. Year :		S.T.P.M. Year :	
Subject	Grade	Subject	Grade
B. Malaysia		MUET (Band Achieved)	
English			
Mathematics			
General Science			
Biology			
Chemistry			
Physics			
Others:		Other Qualifications	Year :

D. WORK EXPERIENCE

Subject	Present	Previous
Occupation		
Organization / Employer		
Telephone No.		
Applied for any other programme? No / Yes If yes, please state:		
Any history of illness? No / Yes If Yes, please state:		
How did you know about Lam Wah Ee Diploma Nursing Programme?		

E. REFEREE

Name of Referee	Occupation	Telephone No.	Handphone No.
1.			

LWENC/ADM 0003