

APPLICATION FOR MNRB SCHOLARSHIP

PROGRAMME APPLY :	<input type="checkbox"/> AMII (Level 1)
	<input type="checkbox"/> AMII (Level 2)

A. PERSONAL INFORMATION		
Name (per I/C): <i>Mr / Ms / Others</i>	NRIC Number	Nationality
<ul style="list-style-type: none"> • <i>Please attach a copy of your IC</i> 		

Date of Birth	Place of Birth		Gender	Physical Disability <i>(if any)</i>	State of Health
	City	State			
			<input type="checkbox"/> Male <input type="checkbox"/> Female		

Residential Address	Marital Status	Telephone No.
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated / Divorce <input type="checkbox"/> Widowed	Office : H/P
Postcode	Email :	

B. CONTACT PERSON			
<i>Name of person to contact in case of emergency</i>			
Name	Tel. No	Address	Relationship
1.			
2.			

C. EDUCATIONAL QUALIFICATION				
Tertiary (University/College)	Year Attended		Qualification attained	Major/Specialization
	From	To		

D. FINANCIAL BACKGROUND

Total monthly income**

 RM

**please enclose a copy of the latest one-month salary slip certified

Number of beneficiaries who require/s your financial support

No	Name	Relationship	Age

E. SCHOLARSHIP HELD (if any)

Name/Title	Organization/Institution	Amount/Value

F. LANGUAGE

Spoken	<input type="checkbox"/> BM <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____
Written	<input type="checkbox"/> BM <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____

G. EMPLOYMENT DETAILS

 (a) *Present employer*

Name of Company	Position Held	Description of Duties	Date Joined	Last Drawn Salary

 (b) *Previous employer*

H. COURSE FEE

Who is financing the 50% course fee for each subject?

(*If company sponsored, company's HR must be the guarantor for MNRB Scholarship Agreement)

 Self Company sponsored

 Withdrawal from EPF

*student must pay upfront for the course fee before the commencement of the class.

 Others (Please Indicate) _____

I. DECLARATION BY APPLICANT'S

- I certify that the information contained on this application form is accurate and true to the best of my knowledge.
- I authorize investigation of all statements contained in this form for application of the MNRB Scholarship as may be necessary for acceptance to the programme applied.

Signature of Applicant

Date

J. EMPLOYER'S APPROVAL

I support my staff professional development and highly recommend him / her to apply for this scholarship to pursue the AMII Level 1 / AMII Level 2.

In the event student resigned from company, company's HR must notify MII immediately.

Signature

Name - CEO / Regional Manager / Head of Department

Date

Important Note :

Please ensure that the following documents are attached with submission of this form.

1. Copy of your identity card
2. Certified copy of transcript and certificates
3. Certified copy of latest one month salary slip
4. Other relevant information or documents that can further support your application

Kindly email this completed form with the required documents to education@mii.org.my before the closing date on **18 March 2024**

Please take note that **only** those who are selected will be contacted for test and interview session.

For any information, please email our team at education@mii.org.my