



Unit Kebajikan & Pengangkutan
 Jabatan Hal Ehwal Pelajar (JHEP),
 Universiti Malaysia Perlis (UniMAP),
 Kampus Alam UniMAP, Pauh Putra,
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BORANG PERMOHONAN BANTUAN YURAN TERTUNGGAK

PERMOHONAN HENDAKLAH DISERTAKAN DOKUMEN SEPERTI BERIKUT:
 THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO APPLICATION:

1. Permohonan Baharu / New Application

BIL. NO	DOKUMEN DOCUMENT	TANDAKAN (✓) PLEASE TICK (✓)	
		PEMOHON APPLICANT	JHEP (to be filled by office)
1.	1 Salinan Kad Matrik Pelajar (disahkan benar dari salinan asal) [1 Copy of Student Matric Card (certified true copy)]		
2.	Salinan Kad Pengenal/Pasport (disahkan benar dari salinan asal) [Copy of Identity card/Passport (certified true copy)]		
3.	Salinan Slip Gaji / Borang Pengesahan Pendapatan Ibu Bapa/ Penjaga disahkan oleh wakil yang dilantik di kediaman [Copy of Salary Slip / Income Verification Form for Parents/Guardians verified by a representative appointed at residence]		
4.	Salinan Surat Tawaran Kemasukan UniMAP [Copy of UniMAP Offer Letter (certified true copy)]		
5.	Salinan Slip Akaun Bank RHB Yang Tertera No Akaun (disahkan benar dari salinan asal) [Copy of RHB Bank Account Slip Showing Account Number (certified true copy of the original)]		
6.	Bukti Penajaan Lain [Other Sponsorship Evidence]		

SYARAT-SYARAT PERMOHONAN TABUNG AMANAH DAN BENCANA UniMAP

- Pemohon adalah pelajar berstatus **AKTIF** ketika membuat permohonan
Applicants must be an **ACTIVE** student at the time of application;
- Pendapatan bersih ibu bapa pelajar tidak melebihi RM 700.00 sebulan
Pendapatan bersih = Pendapatan Kasar Jumlah Tanggungan
The net income of the student's parents must not exceed RM 500.00 per month
Net Salary = Gross Income / Total of dependants
- Mod Pengajian hanya Sepenuh Masa :
The mode of study must be Full-Time
- Pelajar perlu mendapatkan pengesahan Dekan / Timbalan Dekan (HEPA) Fakulti / Pusat Pengajian Siswazah
Students must obtain verification from the Dean / Deputy Dean (HEPA) Faculty / Center for Graduate Studies

BAHAGIAN 1 / SECTION 1 :
BUTIRAN DIRI PEMOHON / PERSONAL INFORMATION OF APPLICANT

Nama: (dalam huruf besar) / Name (in capital letters):

Tarikh Lahir: No. Matrik:
Date of Birth Matric No.

No. Kad Pengenalan / Pasport: Umur:
Identity Card No. / Passport No. Age

Warganegara: Jantina:
Nationality Gender

Negara Asal: Agama:
Origin Country Religion

Taraf perkahwinan: Bujang Berkahwin Keturunan:
Marital status Single Married Race

Fakulti: Status Anak Yatim:
Faculty Orphan Status

Sesi Semester Mendaftar: Bil. Semester Semasa:
Semester Registered Session Current Semester

Jenis Program: Programmes	<input type="checkbox"/> Doktor Falsafah Doctor of Philosophy	<input type="checkbox"/> Sarjana Master
	<input type="checkbox"/> Ijazah Degree	<input type="checkbox"/> Diploma Diploma

Nama Penyelia / RPS
Supervisor / RPS

Alamat:
Address

Poskod: Negeri:
Postcode State

No. Telefon:
Telephone No.

Emel:
Email

**BAHAGIAN 2 / SECTION 2 :
BUTIRAN KELUARGA PEMOHON / APPLICANT'S FAMILY DETAILS**

Nama Ibu / Bapa / Penjaga | Name of Mother / Father / Guardian

No. Telefon:
Telephone No

Pekerjaan:
Occupation

(Sila nyatakan secara terperinci jenis pekerjaan ibu bapa)
(Please provide detailed information about the parents' occupation)

Contoh : Penoreh Getah / Berniaga / Buruh Kasar | Examples: Rubber Tapper / Business Person / Manual Laborer

*tidak dibenarkan menyatakan pekerjaan umum seperti bekerja sendiri | general terms such as self-employed are not allowed"

Alamat Majikan :
Employer's Address

Pendapatan Bulanan :
Monthly Income

Nama Pasangan Ibu / Bapa / Penjaga | Name of Spouse of Mother / Father / Guardian

No. Telefon:
Telephone No

Pekerjaan:
Occupation

(Sila nyatakan secara terperinci jenis pekerjaan ibu bapa)
(Please provide detailed information about the parents' occupation)

Contoh : Penoreh Getah / Berniaga / Buruh Kasar | Examples: Rubber Tapper / Business person / Manual Laborer

*tidak dibenarkan menyatakan pekerjaan umum seperti bekerja sendiri | general terms such as self-employed are not allowed"

Alamat Majikan :
Employer's Address

Pendapatan Bulanan :
Monthly Income

Bil. Tanggungan :
Total Of Dependants

BAHAGIAN 3 / SECTION 3:
TAJAJAN LAIN (jika berkaitan) / SPONSORSHIP (if any)

1.	Yuran Pengajian / Education Fee
	Nama Penaja / Name of sponsorship <input type="text"/>
	Tempoh Tajaan / Sponsorship period <input type="text"/>
2.	Bantuan Sara Hidup / Household Living Aid
	Nama Penaja / Name of sponsorship <input type="text"/>
	Tempoh Tajaan / Sponsorship period <input type="text"/>
3.	Elaun Bulanan / Montly Allowance
	Nama Penaja / Name of sponsorship <input type="text"/>
	Tempoh Tajaan / Sponsorship period <input type="text"/>
4.	Lain-lain Tajaan
	Nama Penaja / Name of sponsorship <input type="text"/>
	Tempoh Tajaan / Sponsorship period <input type="text"/>

* Mohon lampirkan pembuktian penerimaan tajaan dari penaja

* Please attach evidence of sponsorship from the spons

**BAHAGIAN 4 / SECTION 4:
PERAKUAN PEMOHON / APPLICANT'S CERTIFICATION**

Justifikasi Pemohon | Applicant's Justification

*Jumlah Yuran Tertunggak /
Total Outstanding Fees :*

*Saya mengaku bahawa semua maklumat diatas adalah benar dan faham bahawa tindakan boleh diambil terhadap saya termasuk menarik balik bantuan dan mengenakan apa jua tindakan tatatertib terhadap saya sekiranya didapati maklumat yang saya berikan palsu dan tidak tepat
[I hereby declare that all the information provided above is true and understand that action may be taken against me, including withdrawing the assistance and imposing any disciplinary action, if the information I have provided is found to be false and inaccurate.]*

Tandatangan / Signature:

Tarikh / Date:

Nama Pelajar / Student's Name :

**BAHAGIAN 5 / SECTION 5 :
PERAKUAN PENYELIA / RPS : DECLARATION BY SUPERVISOR / RPS**

Nama penyelia / Name of Supervisor:

Alamat pejabat / Department address:

Telefon / Telephone:

Emel / Email:

*Saya mengaku bahawa segala maklumat yang diberi adalah benar.
[I declare that all information provided are true.]*

Ulasan / Comment :

Tandatangan / Signature:

Tarikh/ Date:

Cap rasmi / Official stamp:

** potong yang mana tidak berkenaan / * delete whichever not applicable*

**BAHAGIAN 6 / SECTION 6:
PENGESAHAN DEKAN / PENGARAH / TIMBALAN DEKAN (HEPA) FAKULTI / CGS
VERIFICATION BY DEAN / DIRECTOR / DEPUTY DEAN OF HEPA FACULTY / CGS**

*Pengesahan Jumlah Tunggakan Yuran :
[Confirmation of Outstanding Fees Amount]*

*Saya mengaku bahawa segala maklumat yang diberi adalah benar.
[I declare that all information provided are true.]*

Ulasan / Comment :

Tandatangan / Signature:

Tarikh/ Date:

Cap rasmi / Official stamp: