

 UNIVERSITI ISLAM MALAYSIA ISLAMIC UNIVERSITY OF MALAYSIA	INTERNATIONAL STUDENT AFFAIRS MANAGEMENT DIVISION (BPHEPA) UNIVERSITI ISLAM MALAYSIA Bangunan Aisyah, Lot 287, Jalan 16/3, Seksyen 16, 46350 Petaling Jaya, Selangor Office: 03-7932 4477 Email : hasyyatie@uim.edu.my
	CHECKLIST FOR VAL APPLICATION

PLEASE USE CAPITAL LETTERS

Full Name	
Passport No	

No.	Required Documents (Please arrange the document according to the sequence given)	No. of Copy	Please Tick (If Complete)	
			Applicant	Staff
1.	Checklist for VAL Application (UIM/ACU/SS01)	1		
2.	Letter of Eligibility (LOE) for Iranian student	1		
3.	COPY of Offer letter	1		
4.	COPY of Deferment letter (if deferred)	1		
5.	COPY of Academic certificate (original & English translated)	1		
6.	COPY of Academic transcript (original & English translated)	1		
7.	Copy of English Test (IELTS/MUET/TOEFL)	1		
8.	COPY of Health Declaration Form	1		
9.	Photo (Blue Background) - Size 3.5 cm x 4.5 cm (softcopy)	1		
10.	A4 sized COPY of passport (All pages of the passport) *Please write number on each of the pages *Minimum passport validity must be 18 months	1		

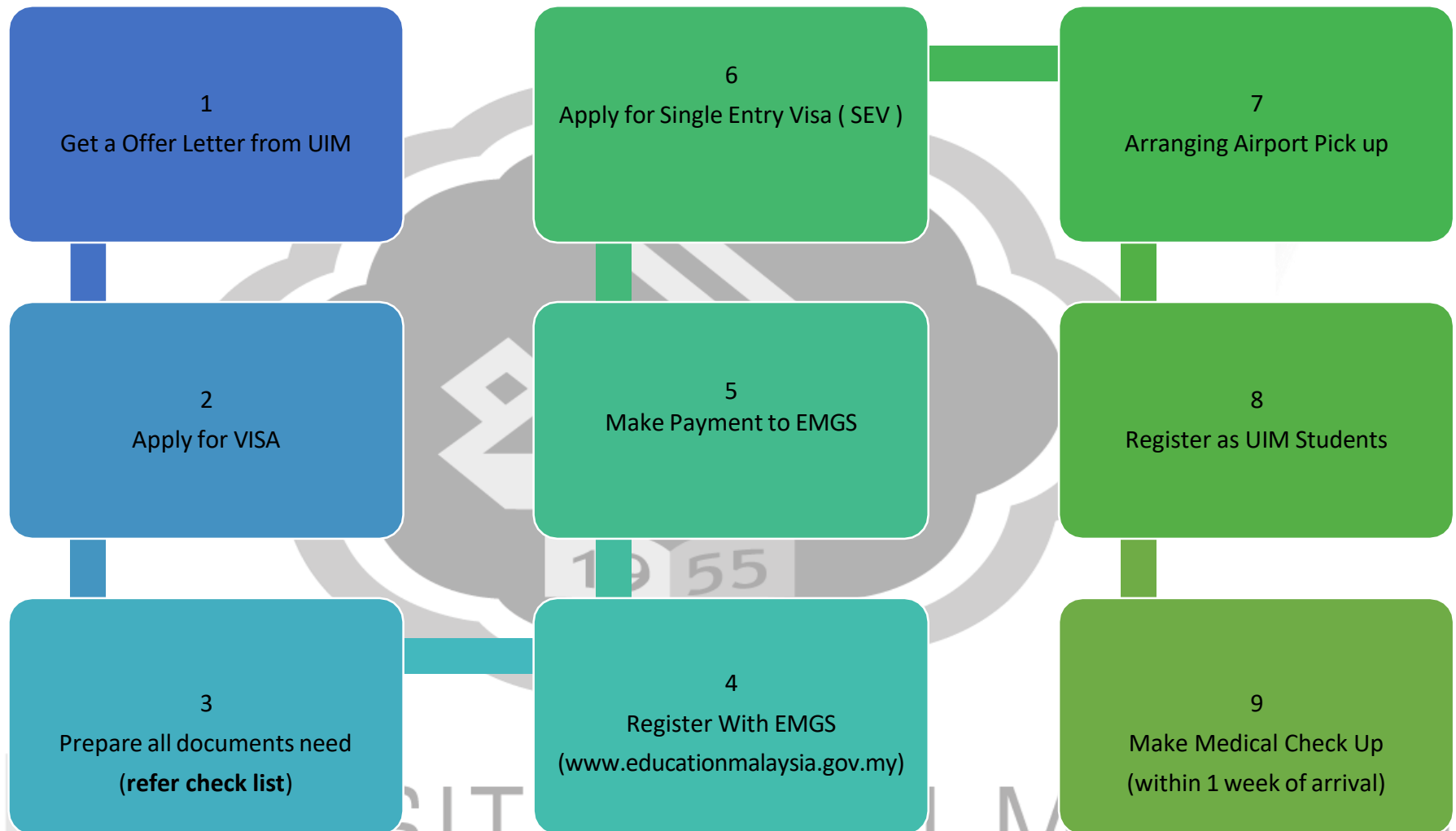
REMINDER

1. Passport must be valid minimum 18 months from the date of application New Student Pass/ VAL.
2. Need to ensure the offer letter/ deferment letter mention the current registration period.
3. All the documents must be sent in **SOFTCOPY** (Scanned) to hasyyatie@uim.edu.my in **ONE FOLDER**.
4. We reserve the rights to reject incomplete documents and any consequences are the full responsibility of the applicant.
5. All documents must be attached/scanned by the scanner in colour with high resolution. Do not take a photo of your documents by mobile, it will be rejected.

Staff	
Date	

NO. SEMAKAN :
 NO. ISU :
 TARIKH KUATKUASA :

VISA APPLICATION PROCESS FLOW



HEALTH DECLARATION FORM FOR APPLICANTS

I hereby declare that I am free from the following diseases/conditions:

ITEMS	SELF		IF NO, PLEASE STATE	
	YES	NO		
Tuberculosis				IF YOU HAVE SOUGHT CONSULTATION FOR ANY OF THE LISTED DISEASES/CONDITION, YOU ARE REQUIRED TO SUBMIT YOUR MEDICAL HISTORY/REPORT FROM YOUR TREATING PHYSICIAN TO EDUCATION MALAYSIA GLOBAL SERVICES (EMGS) PANEL CLINIC/UNIVERSITY HEALTH CENTRE.
Hepatitis B				
Hepatitis C				
HIV				
Drug use/abuse of:				
1. Opiates				
2. Cannabinoids				
3. Amphetamine				
4. Methamphetamine				
Sexually Transmitted Diseases				
Congenital or Inherited Disorder				
Cancer				
Epilepsy				
Psychiatric Illness				
Other illness				

I declare that I will submit myself for compulsory Post-Arrival Health Examination as per Malaysian regulations. In the event that I should be diagnosed with any condition that deems me **UNSUITABLE** for studies, I will bear the cost of leaving Malaysia and will adhere to the immigration requirements on the visit pass and exit before the pass expiration, or any deadline given to me whichever is earlier.

I declare that in the event I should be diagnosed with any conditions that does not require my removal from Malaysia but requires medical treatment and I choose to remain in Malaysia to continue my studies, I will bear any and all costs relating directly or indirectly towards the medical management of my medical condition.

I confirm that EMGS Panel Clinic/University Health Centre shall not be responsible in any manner or whatsoever, arising out of EMGS Panel Clinic/University Health Centre certification of my medical status as suitable to study or reside in Malaysia despite the medical condition described above. I further undertake to hold EMGS Panel Clinic/University Health Centre harmless from any loss or liability arising from this decision and agree to indemnify and keep EMGS Panel Clinic/University Health Centre from any loss or liability arising from this decision.

.....
Date (dd/mm/yyyy)

.....
Name of applicant as indicated in the passport

.....
Applicant's signature

.....
Applicant's passport number

Kindly ensure all information requested in this form is complete and updated in English Language

