

STUDENT APPLICATION FORM FOR INTERNATIONAL OBSERVERSHIP PROGRAM WITH INTERNATIONAL MEDICAL UNIVERSITY , MALAYSIA

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|---|--|-------------------|--|
| NAME | | | |
| AGE | | SEX | |
| PASSPORT NUMBER | | VALID UPTO | |
| MENTION OVERALL PERCENTAGE IN FINAL YEAR UNIVERSITY RESULT | | | |
| ANY MEDALS OR HONOURS RECEIVED IN ANY SUBJECT IN ANY YEAR | | | |
| PAPER PRESENTED IN NATIONAL OR STATE CONFERENCE / COLLEGE FEST (MENTION NAME OF CONFERENCE AND TITLE OF PAPER / POSTER WITH XEROX OF CERTIFICATE) | | | |
| EXTRACURRICULAR ACTIVITIES (ATTACH CERTIFICATES / MEDALS RECEIVED IN SPORTS / DANCE / DRAMA / MUSIC / DEBATE) | | | |
| MENTION IN 250 WORDS WHY YOU WANT TO GO TO THIS INTERNATIONAL PROGRAM (ATTACH IN SEPARATE SHEET) | | | |