



**APPLICATION FORM  
ZAMALAH LESTARI**

<b>PART A STUDENT'S DETAILS</b>		
Name (capital letters):		
Permanent address:		House No.:
		HP No.:
Correspondence address:		Email :
Date of birth:	Age:	Race:
*Sex: Male / Female	Citizenship:	Religion:
I/C No. (new):	Occupation:	*Marital status: Single / Married
Program: <input type="checkbox"/> Master <input type="checkbox"/> PhD Research Topic: _____ _____	Matrix No.:  Date registered:  Date of completion :	Faculty/Institute: _____  Department/School: _____

**PART B  
ACADEMIC QUALIFICATION**

Name of University	CGPA and Degree awarded	Year awarded	Field

\* Are you received any financial assistance? Yes / No

\*If yes please specified

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**PART C  
DECLARATION**

I, hereby declare that all the information given is correct and if it is incorrect, the university have a right to cancelled my application.

**Name:**

**Signature :**

**Date:**

LESTARI USE ONLY

Date received by LESTARI:

Application Status : Complete

Incomplete

**APPLICATION APPROVAL:**

The committee members has agree to awarded Zamalah LESTARI Scheme:

Scheme I ( Monthly Allowance and Tuition Fees)

Scheme II (Monthly Allowance Only)

Scheme III (Tuition Fees only)

Signature of Director of LESTARI :

Stamp :

Date: