



Gambar Pelajar

BUKU PENDAFTARAN PELAJAR BAHARU

Nama Pelajar : _____
No. Kad Pengenalan : _____
Nombor Pelajar (ID) : _____

PERINGATAN

1. Jika didapati keterangan/maklumat di dalam buku pendaftaran ini adalah tidak benar, UNITEN berhak membatalkan tawaran kemasukan pelajar ke UNITEN.
2. Buku pendaftaran ini hendaklah dimatikan dengan setem hasil bernilai RM10.00 di Pejabat Hasil/Lembaga Hasil Dalam Negeri/Pejabat Pos Malaysia.
3. Buku pendaftaran ini hendaklah ditandatangani menggunakan **PEN DAKWAT HITAM**.
4. Imbasan (*scan*) buku pendaftaran yang lengkap hendaklah dimuatnaik ke <https://www.uniten.edu.my/admission/> dan buku pendaftaran (*hardcopy*) ini hendaklah disimpan oleh pelajar.
5. Pemeriksaan kesihatan boleh dilakukan di klinik atau hospital kerajaan atau swasta yang menawarkan perkhidmatan tersebut.

PEJABAT PENDAFTAR
UNIVERSITI TENAGA NASIONAL

SURAT AKUAN KEBENARAN MENYAMPAIKAN MAKLUMAT PELAJAR DAN AKADEMIK

Nama: _____

No. Pelajar : _____ No. Kad Pengenalan/No. Pasport : _____

Program Pengajian : _____

Alamat Tetap : _____

No.Telefon Rumah : _____ Tarikh : _____

No.Telefon Bimbit : _____

Kepada,

Pendaftar
Universiti Tenaga Nasional

Tuan,

**MAKLUMAT PELAJAR DAN AKADEMIK/LAPORAN KEMAJUAN PELAJAR/
LAPORAN PERUBATAN DAN KESIHATAN**

Saya dengan ini memberi kebenaran kepada pihak Universiti Tenaga Nasional menyampaikan data peribadi saya/ anak saya, maklumat akademik dan/atau laporan kemajuan saya/anak saya bagi setiap semester dan/atau maklumat perubatan dan kesihatan saya/ anak saya untuk semua tujuan yang berkaitan dengan perjanjian, pendidikan, pentadbiran, pemantauan kehadiran dan lain-lain aktiviti yang sah dilaksanakan berkaitan dengan perkhidmatan yang diberikan oleh UNITEN.

Terima kasih.

Yang benar,

Tandatangan Pelajar

Nama:
No. Kad Pengenalan:
Tarikh:

*Tandatangan Ibu/Bapa/Penjaga

Nama:
No. Kad Pengenalan:
Tarikh:

(* Untuk diisi oleh pelajar di bawah **18 tahun sahaja**)

SURAT AKUAN JANJI KEBENARAN MENYERTAI AKTIVITI/PROGRAM
ANJURAN UNIVERSITI

Adalah saya : _____

(Sila gunakan huruf besar)

No. Kad Pengenalan : _____ *ibubapa / penjaga kepada

pelajar bernama : _____

(Sila gunakan huruf besar)

No.Kad Pengenalan : _____

- mengizinkan *anak/jagaan saya mengambil bahagian dalam sebarang kegiatan kurikulum dan ko-kurikulum anjuran Universiti Tenaga Nasional atau mana-mana pertubuhan pelajar Universiti Tenaga Nasional di dalam atau di luar kampus, sepanjang tempoh pengajian mereka.
- saya dengan ini mengaku janji untuk tidak mengambil sebarang tindakan termasuk tindakan undang-undang sekiranya berlaku perkara-perkara yang tidak diingini akibat daripada penyertaan pelajar di dalam aktiviti yang dinyatakan di atas.

Sekian, terima kasih.

(Tandatangan *Ibubapa/Penjaga)

Alamat : _____

No.Telefon Bimbit / Rumah / Pejabat : _____

E-mel : _____

Nota: (*) Sila potong yang tidak berkenaan

SURAT AKUAN PERSETUJUAN RAWATAN PERUBATAN

Adalah saya : _____
(Sila gunakan huruf besar)

No. Kad Pengenalan : _____ *ibubapa / penjaga kepada
pelajar bernama : _____
(Sila gunakan huruf besar)

- mengizinkan pihak Universiti Tenaga Nasional menjalankan pemeriksaan kesihatan atau perubatan ke atas *anak/jagaan saya jika tindakan sedemikian didapati perlu oleh pihak Universiti Tenaga Nasional, serta

- bersetuju mewakilkan Naib Canselor atau wakil-wakilnya untuk menandatangani bagi pihak diri saya surat keizinan yang diperlukan oleh doktor di mana-mana pusat kesihatan menggunakan ubat bius dan melakukan pembedahan ke atas *anak/jagaan saya, apabila berlaku kecemasan yang memerlukan tindakan serta merta, dan

- saya berjanji tidak akan mengambil tindakan undang-undang jika berlaku perkara-perkara yang tidak diingini akibat daripada tindakan Universiti Tenaga Nasional.

Sekian, terima kasih.

(Tandatangan *Ibubapa/Penjaga)

Alamat :

No.Telefon Bimbit / Rumah / Pejabat : _____

E-mel : _____

Nota: (*) Sila potong yang tidak berkenaan



The National Energy University

BORANG PEMERIKSAAN KESIHATAN

MEDICAL EXAMINATION FOR ENTRY INTO UNIVERSITI TENAGA NASIONAL

PART 'A'

The candidate is required to complete Part 'A' of this form and the Examining Physician will fill in Part 'B'. Suppression or falsification of facts will incur the risk of loss of placement.

NAME (Block letters):

ADDRESS:

DATE OF BIRTH: AGE: I.C. NO./.: RACE:

NATIONALITY: MARRIED OR SINGLE:

Have you ever suffered: ("Yes" or "No" MUST be answered to each question. A tick or X will not be accepted)

Table with 6 columns for medical conditions: Pleurisy or Asthma, Spitting of Blood, Nervous or Mental Disorder, Fits or Fainting Attacks, Rupture, Malaria or Dysentery, and Other Disease or Serious Injury.

Are there any members of your family or near relatives who have suffered from Tuberculosis, fits or insanity?

I declare that the answers given above are true and complete.

Date:.....

Signature:.....

PART "B" PHYSICIAN'S REPORT

Table for Physician's Report with fields for Height, Weight, General Condition, Circulatory System, Blood Pressure, Respiratory System, Nervous System, Vision Acuity, Reflexes, Alimentary System, Any Rupture, Genito-Urinary System, and Hernial Orifices.

Comments regarding further examination or recommendations.

I hereby certify that I have examined.....

I find him/her [] Fit [] unfit for placement in Universiti Tenaga Nasional. (Please tick box)

Date:

Signature:

Official Stamp:

*Only X-Ray report have to be submitted during registration. X-ray film is not required.

LETTER OF CONSENT



CHIEF FINANCIAL OFFICER
UNIVERSITI TENAGA NASIONAL SDN. BHD. [199601026142 (398494-K)]
Jalan IKRAM-UNITEN
43000 Kajang
Selangor

Name (in capital) : _____

Student ID Number : _____

Mykad/ Passport No.: _____

Local Tel. / HP No. : _____

Dear Sir,

RE : LETTER OF CONSENT FOR PERMITTING DEDUCTIONS OF FEES BY UNITEN

I, as named above, being sponsored by _____ and wish to instruct UNIVERSITI TENAGA NASIONAL SDN. BHD. [199601026142 (398494-K)] (hereinafter referred to as "UNITEN") to make deductions from my saving accounts as indicated below for an amount billed by UNITEN including the bank charges related to the respective transaction. I, acknowledge that I have the responsibility to clear any outstanding amount to UNITEN.

I hereby solemnly and sincerely declare that the details given below are correct.

Bank: _____

Account Number: _____
(please attached a copy of proof of bank account number document)

I hereby agree to ensure that my bank account must always maintain sufficient fund when it falls due. This Letter of Consent shall remain in force until being revoked by me in writing.

Signature of consent of the Account-holder (as per Bank's record),

.....
Date:

Office use only	
Noted by:	
Staff Name	: _____
Date	: _____

LETTER OF GUARANTEE & INDEMNITY



CHIEF FINANCIAL OFFICER
UNIVERSITI TENAGA NASIONAL SDN. BHD. [199601026142 (398494-K)]
Jalan IKRAM- UNITEN
43000 Kajang, Selangor Darul Ehsan

IN CONSIDERATION of UNIVERSITI TENAGA NASIONAL SDN. BHD. [199601026142 (398494-K)]
(hereinafter referred to as "UNITEN"), agreeing at my request to admit

_____,
(Student's name)

_____, of _____
(Student's NRIC No.) (Student's address)

(Student's address)
(hereinafter referred to as "the Student") into UNITEN's academic program pursuant to the letter of offer dated
_____. Meanwhile, I, the undersigned,

(Guarantor's name)

_____, of _____
(Guarantor's NRIC No) (Guarantor's address)

(Guarantor's address)

Do solemnly and sincerely hereby guarantee and/or indemnify as follows:-

1. I shall guarantee and/or indemnify as principal debtor and not merely as sureties the repayment on demand of all outstanding sums now due and/or owing and/or that shall be due and owing by the Student to UNITEN whether certain or contingent now due and payable or hereafter owing or incurred by the Student on any account whether or not the Student complete his study at UNITEN or in any manner whatsoever together and such other expenses which may incur towards UNITEN in enforcing payment for the sum of money due to UNITEN from the Student. A letter or certificate in writing from UNITEN, shall be conclusive evidence of the amount owing to UNITEN by the Student as at the date of such letter or certificate;
2. I shall accept that ANY notice or demand in relation to the above matter may be given or made to me by UNITEN in writing by either personal service, or left for me, or sent by post to me, at my usual or last known address;
3. I hereby irrevocably and unconditionally undertake to indemnify UNITEN in full and keep UNITEN fully indemnified against all loss, damage, liabilities, costs and expenses whatsoever which you may sustain or incur during the Student's tenure of study at UNITEN;
4. I hereby irrevocably and unconditionally undertake to indemnify UNITEN in full and keep UNITEN fully indemnified against all liabilities, losses, damages, actions, costs and expenses, which UNITEN may incur or sustain in respect of personal injury (whether fatal or otherwise) towards the Student (if any) during the Student's tenure of study at UNITEN;
5. I shall not hold UNITEN in any way liable or claim or take any proceedings against UNITEN in respect of any personal injury towards the Student or loss or damage to the Student's property which the Student may suffer in consequence of the facilities afforded the Student to attend any of the colleges at which the Student will be receiving education during his tenure of study at UNITEN;

6. This Letter of Guarantee & Indemnity shall be governed by and construed in all respects in accordance with the laws of Malaysia and I hereby submit to the jurisdiction of the Courts of Malaysia in all matters connected with the obligations and liabilities under this Letter of Guarantee & Indemnity.
7. I do solemnly and sincerely declare that I am not an undischarged bankrupt as defined under the Insolvency Act, 1967;
8. I earn a monthly income of **not less than RM2,000.00**
9. I fully understand this guarantee and /or indemnity and hereby agree to be bound by it at my own free will.

Dated this _____ day of _____ 20_____.

Guarantor

Witness

Signature:

Signature:

Full name:

Full name:

Designation:

Designation:

NRIC No.:

NRIC No.:

Notes:

1. Only those with a monthly income of **not less than RM2,000.00** are eligible to become Guarantor.
2. **Any one** of the following shall be eligible to be a Witness to this document: Commissioner for Oaths / Head of Village / 'Tuai Rumah' / 'Ketua Kaum or Mukim Bertauliah' / Lawyers / Judges / Government Officers at Management or Professional level (formerly Class 'A') / Government School Headmasters / 'Jaksa Pendamai' / State Government EXCO Members / TNB Officer. **Please also ensure that you get your witness to stamp their designation at the witness column of the Letter of Guarantee & Indemnity.**
3. A copy of proof of bank account number document (e.g. Bank slip, Bank Statement or Online Banking), certified true copy of Guarantor's NRIC and proof of income document (e.g. Pay slip, Borang J, Borang EA or Employer's Certification Letter on salary) **must be submitted with the completed document.**