LAMPIRAN A

PERTUBUHAN KESELAMATAN SOSIAL
KEMENTERIAN SUMBER MANUSIA
Menara PERKESO
281, Jalan Ampang
50538 Kuala Lumpur

No. Telefon : Dalam Negara : 1300 22 8000
Luar Negara : +603 83146000

Emel : Perkeso@perkeso.gov.my
Laman Sesawang : www.perkeso.gov.my

DECLARATION OF STUDY AT INSTITUTIONS OF HIGHER EDUCATION

A. STUDENT DETAILS

Student's Name :..... Contact No.:.....

No. KPPN :..... Email :.....

This is to certify that the above named is a student at IPT: -

Course/Programme: .....

Level of Studies : ☐ Diploma ☐ Degree ☐ Others : .....

Type of Course : ☐ Full Time ☐ Part Time

Date of Entry : ☐☐ Day ☐☐ Month ☐☐☐☐ Year

Duration of Studies : ☐☐ Year ☐☐ Month

Current Semester : 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 (Please circle)

Current Semester Result : ..... (GPA / CGPA / Other)

(please attach a copy of offer letter / the latest examination result)

Expected Date of Completion *(Pass/ Delay/ Quit/ Fail)* ☐☐ Day ☐☐ Month ☐☐☐☐ Year

B. DECLARATION BY INSTITUTIONS OF HIGHER EDUCATION (IPT)

I hereby declare that the above information is correct, and I understand that PERKESO has the right to reject and cancel this declaration if it is found to be incorrect.

Signature IPT : ……

Full Name : ……

Designation : ……

Contact No : ……

Date : ……

Cop IPT

C. TO BE COMPLETED BY STUDENTS

Name of Deceased :……

No. KPPN of Deceased : ☐☐☐☐☐☐☐☐☐☐☐☐

No. KPPN of Beneficiary : ☐☐☐☐☐☐☐☐☐☐☐☐

Please delete whichever not applicable.

D. FOR PERKESO USE ONLY