

INSTITUTE OF SCIENCE AND MANAGEMENT DK219(S) KP(JPS)5195/IPTS/1073/(8)

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FAX: +6089-752745 Email: enquiry@ism.edu.my

ACCOMMODATION APPLICATION FORM

NOTE

Please write in BLOCK LETTERS (in BLACK or BLUE ink only).

All sections must be completed.

- 1 Attach two (2) passport-sized photographs (blue background).
- 2 Attach one (1) copy of IC (both sides) for Malaysian Students/Passport (all pages) for International Students.
- ③ Please read and acknowledge the *Conditions of Reservation* (refer to no.6 on page 2) before submitting the application form.
- 4 Please call ISM office at 089-779623 to confirm your reservation before making payment.
- * Failure to comply with the above may result in a delay in processing this application,

Nationality:	city			Intake/Year:	Gend Religion:	1		
Nationality: Contact No.: Home Address: Programme Enrolled: 2. PERSON TO CONTACT IN CASE OF EMERG * Note: Local or foreign agents are not allowed in this cape Name: NRIC/Passport No.: Relationship: Contact No.: 3. MEDICAL DETAILS Do you have any medical condition that needs attention?	mail Addr			Intake/Year:		1		
Contact No.: Home Address: Programme Enrolled: 2. PERSON TO CONTACT IN CASE OF EMERGY * Note: Local or foreign agents are not allowed in this cape Name: NRIC/Passport No.: Relationship: Contact No.: 3. MEDICAL DETAILS Do you have any medical condition that needs attention?	mail Addr	ress:		Intake/Year:	Religion:			
Home Address: Programme Enrolled: 2. PERSON TO CONTACT IN CASE OF EMERG * Note: Local or foreign agents are not allowed in this cape Name: NRIC/Passport No.: Relationship: Contact No.: 3. MEDICAL DETAILS Do you have any medical condition that needs attention?	ENCY city	ress:		Intake/Year:				
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3. MEDICAL DETAILS Do you have any medical condition that needs attention?	I A	Address:						
Do you have any medical condition that needs attention?								
If Yes, please provide details.	Do you have any medical condition that needs attention? Yes No							
Blood Type: Type AB Type A T	уре В		Турє	e O				
4. ACCOMMODATION TYPE REQUIRED								

5. SHARE PRE	FERENC	ES								
Name 1:										
Name 2:										
C CONDITION	C OF DE	CEDUATION								
6. CONDITION (1) Only stud			grammes conducted by I	SM may be considered for this application.						
		must be completed accurat	·							
_										
_										
		-		pay and settle one month rental prior to check in,						
_		ervation would be deemed c t refundable.	ancened.							
6 Any rental paid is not refundable.7 All reservations made are not transferable.										
(8) The Management reserves the right to change/amend any of the conditions stated where deemed necessary.										
* Conditions o	f reservati	on are subject to change w	ithout prior notice.							
7. DECLARATI	ION									
① I understa	and and acc	ept the above Conditions of	Reservation.							
② I declare that the particulars in this application are true to the best of my knowledge and I have not willfully suppressed										
		-		render me ineligible for student accommodation.						
_		payment of all sums due in a at failure to comply with any		ions of stay/hostel rules may result in my						
_		dent accommodation and/o								
⑤ I formally	discharge	and release ISM from any lia	bility for injury or loss o	f possessions due to my neglect.						
Name of Applicants			Name of							
Name of Applicant:			Parent/Guardian:	:						
Signature of Signature of		Signature of								
Applicant:			Parent/Guardian:							
Date:			Date:							
EOD OFFICE II	CE ONLY	.7	ļ							
FOR OFFICE U				To:						
Application recei	ved by			Signature:						
Name:				_						
Offer Letter/Studen	it ID No.:									
Expected Check-In Date:				Date:						
Application processed by Approved Reject (see comment)				Signature:						
Name:		_								
Room No.:										
Room Allocated:		Twin-Sharing	Single	Date:						
Comments:			Designation:							