


**APPLICATION REQUIREMENTS / INSTRUCTIONS**

- Please read the instructions in this form carefully before completing it. Failure to adhere to the eligibility requirements and application procedures could lead to the application being rejected.
- Applicants must be UiTM postgraduate students with an **ACTIVE** status.
- All applicants are required to submit their application with the following documents:

Emergency Fund (Accident & Health)	Emergency Fund (Death)	Student's Welfare Fund
1. Application Form 2. Screenshot of student information from UiTM Student portal 3. Bank Account's Statement 3. Police Report (Accident case only) 4. Certified medical practitioner report (Health case only)	1. Application Form 2. Student Card (if available) 3. Death Certificate 4. Next of Kin's Bank Account Statement	1. Application Form 2. Screenshot of student information from UiTM Student portal 3. Bank Account's Statement 4. Police or related authority report (theft or robbery case only)

- Completed form must be submitted to the address below or email to:

**Academic Development, Students & Resources Unit,  
 Institute of Postgraduate Studies,  
 Level 4, Bangunan Sarjana,  
 Universiti Teknologi MARA,  
 40450 Shah Alam, Selangor, MALAYSIA.**

Email: [pasp@uitm.edu.my](mailto:pasp@uitm.edu.my)

Phone: 03-5544 4709 / 03-5544 4714

**A. STUDENT'S PARTICULARS**

Name:																									
Student ID:									Programme Code:																
IC No. / Passport No.:									Contact Number:																
Current Address:																					Postcode				
E-mail:																									

**B. NEXT OF KIN'S DETAIL (EMERGENCY FUND (DEATH) ONLY)**

Name:																								
IC No. / Passport No.:									Phone No.:															
Relationship with the Deceased:																								
Bank account No.:																								
Bank:																								
Death Certificate No.:																								

**C. ACCIDENT / INCIDENT DETAILS**

Date of the Accident / Incident:   -   -  2  0

Location of the Accident / Incident:

Police / Other Authority Report No.:

Details of Injury (For Accident Case Only): .....

Details of Loss (Other Than Accident Case Only): .....

**D. DECLARATIONS**

The information I have given in this application is true and correct.

Name:

Signature: ..... Date:  /  / 2 0

**E. ENDORSEMENT BY HEAD OF POSTGRADUATE STUDIES FACULTY**

Endorsed  
 Not endorsed

Comment: .....

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.....

.....

..... Signature ..... Date ..... Name and Official Stamp

**FOR OFFICE USE ONLY**

The Committee of the Meeting recommended the following decision on

(Date of committee meeting)  /  / 2 0

Results	Comment
Accept <input type="checkbox"/>	.....
KIV <input type="checkbox"/>	.....
Reject <input type="checkbox"/>	.....