



**MINISTRY OF HEALTH MALAYSIA
HUMAN RESOURCE DIVISION
PARAMEDIC & AUXILIARY UNIT
LEVEL 9, BLOCK E7, COMPLEX E
FEDERAL GOVERNMENT ADMINISTRATIVE CENTRE
62590 PUTRAJAYA**

**Tel No. 03-8883 3888
<http://www.moh.gov.my>**

**APPLICATION FORM FOR THE POST OF NURSE
IN THE MINISTRY OF HEALTH MALAYSIA**

PERSONAL PARTICULARS

Name of post applied:

**Full name of applicant:
(Capital Letter)**

Date and place of birth:

Sex: Male / Female

Nationality:

Permanent Address:

Mailing Address and E-mail Address:

Contact Number:

Languages Spoken:

Languages written:

**Recent
Photograph to
be affixed here**

Marital Status:

Passport No:

QUALIFICATION

Name of Nursing Degree:

University/ College/ Institution and year awarded:

Name of Post Graduate Degree:

University and year awarded:

WORKING EXPERIENCE

<u>Post Appointed</u>	<u>Place of work</u>	<u>From</u>	<u>Period</u> <u>To</u>	<u>Salary</u>
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Note:

- Please attach testimonials from your previous and current employers to confirm your years of experience.

PERSONAL REFERENCE

Name two referees as to your character and ability

1. **Name** :
 Address :
 E-mail :
 Position :

2. **Name** :
 Address :
 E-mail :
 Position :

Important: Please attach testimonials from referees above

ANY ADDITIONAL INFORMATION

Signature of applicant : _____

Date : _____

APPENDIX A

The following documents (Certified True Copies) are to be enclosed together with your Application Form

1. Curriculum Vitae (4 copies)
2. General Education Certificate (4 copies)
3. Nursing Training Certificate (4 copies)
4. Certificate for Specialized Courses (4 copies)
5. Registration Certificate with own or other Nursing Board / Council (4 copies)
6. Academic Transcript (4 copies)
7. Verification of Training (VOT) (4 copies)
8. Current Practicing License (from host Country) (4 copies)
9. Birth Certificate (4 copies)
10. Marriage Certificate (4 copies)
11. Testimonials from recent employer (4 copies)
12. Two (2) Passport Size Coloured Photograph (Recent)
13. International passport (4 copies)

