

Secretary,
Nursing Board Malaysia,
Ministry of Health Malaysia,
Level 3, Block E1 Parcel E
Federal Government Administrative Centre
62590 Putrajaya
Malaysia

APPLICATION FOR VERIFICATION OF REGISTRATION (VOR)
PERMOHONAN PENGESAHAN PENDAFTARAN

1. Full Name :
Nama penuh
2. Mailing Address:.....
Alamat surat-menyurat
- Postcode/Poskod : City/Bandar:.....
- State/Negeri :
3. Mobile Phone No: House Phone:.....
Tel. Bimbit Tel. Rumah.
4. Email Add/ *Alamat Emel:*
5. NRIC /No.KP Baru:Passport No:.....
6. **Full Address** of intended place of registration (**Nursing Board / Council**)
Alamat Penuh bagi tempat yang ingin didaftarkan (**Lembaga Jururawat/ Majlis**):
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7. Complete below details/ *Lengkapkan maklumat di bawah:*

Verification of Registration <i>Pengesahan Pendaftaran</i> Please tick/ <i>Sila tanda (✓)</i>	Registration No. <i>No. Daftar</i>	Registration Date <i>Tarikh Daftar</i>	Payment RM 30 for each Verification <i>Bayaran RM 30 bagi setiap Pengesahan</i>
<input type="checkbox"/> Registered Nurse <i>Jururawat Berdaftar</i>			RM:
<input type="checkbox"/> Midwife Part 1 <i>Kebidanan Bhg. 1</i>			RM:
<input type="checkbox"/> Assistant Nurse <i>Penolong Jururawat</i>			RM:
Total Payment / Jumlah Bayaran			RM:

8. **Checklist/ Senarai Semak :**

Please tick/ *Sila tanda ✓*

a) Attach a copy of **Registration Certificate** for each verification as applied in No.7.
*Lampirkan sesalinan **Sijil Pendaftaran** yang berkaitan seperti yang dipohon di No. 7.*

b) **Bank Draft/Postal Order** in **Ringgit Malaysia** payable to: **Secretary of Nursing Board Malaysia**
Draf Bank/ Wang Pos dalam Ringgit Malaysia bayar kepada: Setiausaha Lembaga Jururawat Malaysia.

Date/Tarikh :

Signature/Tandatangan:.....