

	<p align="center"> <b>PUTRA INTERNATIONAL CENTRE</b>  <b>UNIVERSITI PUTRA MALAYSIA</b>          43400 UPM Serdang, Selangor, Malaysia          Tel: 603-9769 6048 / 6198 Email: <a href="mailto:visapass_val@upm.edu.my">visapass_val@upm.edu.my</a> </p>
	<b>CHECKLIST FOR VAL APPLICATION</b>

**APPLICANT DETAILS** (in capital letter)


Full Name	
Passport No	

No.	Required documents *Please arrange the document according to the sequence given	No. of copy	Please tick	
			Applicant	Staff
1.	Checklist for VAL Application	1		
2.	Visa & Pass Application Form (OPR/INTL/BR03/SVP)	1		
3.	Letter of Eligibility ( <b>LOE</b> ) for Iranian student (Please refer page 4)	1		
4.	<b>Copy</b> of offer letter	1		
5.	<b>Copy</b> of Deferment letter (if deferred)	1		
6.	<b>Copy</b> of Academic certificate (original & English translated)	1		
7.	<b>Copy</b> of Academic transcript (original & English translated)	1		
8.	<b>Copy</b> of Health Declaration Form (Please refer page 5)	1		
9.	Photo ( <b>white background</b> ) - Size <b>3.5 cm x 4.5 cm</b>	1		
10.	<b>Copy</b> of passport (All pages of the passport) *Please <b>write number</b> on each of the passport pages <b>*Minimum passport validity must be 18 months</b>	1		
11.	Proof of VAL application payment to <b>EMGS (Original receipt)</b>	1		

**Reminder**

- The passport validity must be minimum 18 months** from the date of new student pass / VAL application.
- Applicant need to ensure that the offer / deferment mention the correct registration period.
- All of these listed documents must be scanned and submitted via email [visapass\\_val@upm.edu.my](mailto:visapass_val@upm.edu.my) in one folder.**
- We reserved the rights to reject the incomplete documents and any consequences of rejection are fully under applicant's responsibility

<b>Staff</b>	
<b>Date</b>	

	OPERASI PERKHIDMATAN SOKONGAN
	PUSAT ANTARABANGSA PUTRA
	Kod Dokumen: OPR/INTL/BR03/SVP
VISA AND PASS APPLICATION FORM	

Please Tick (/)

New Student / VAL		Student Renewal		Special Pass		Invitation/ Release/ Claim Letter / Refund	
New Dependent		Dependent Renewal		Transfer Sticker		Cancellation/ Shortening	
Ikhtisas/Research Attachment		Staff		Staff Dependent		Student I-KAD Renewal/ Replacement	

Student's / Staff's Particulars:

Full Name : \_\_\_\_\_

Matric/Staff No. : \_\_\_\_\_

Gender : ☐ Male ☐ Female

Nationality : \_\_\_\_\_

Programme : ☐ Bachelor ☐ Master ☐ PhD

Programme Name : \_\_\_\_\_

Passport No. : \_\_\_\_\_

Passport Expiry  
Date :  dd  mm  yyyy

Mobile No. : \_\_\_\_\_

E-Mail (In capital letter) : \_\_\_\_\_

Nearest Malaysia

Embassy : \_\_\_\_\_

**DEPENDENT'S PARTICULARS:**

Full Name	Passport No.	Passport Expiry Date	Social Pass Expiry Date	Relationship

I certify that all information given in this application is true and I have also submitted application for me or my dependents: student/working pass/visit pass (New/ Renewal/ Special Pass/ Shortening/ Endorsement).

.....  
Student/ Staff's Signature

.....  
Date

## The LOE Application Form-Scientific Counsellor of Iran Embassy in East Asia

**\*For Each Student, A Separate Form Must Be Submitted**

**\*\* Two Copy of this form must be submitted with a copy of Offer letter along with copy of application (all documents+ Copy of passport)**

**Name of The University:**

**Name of the Faculty:**

**Full Name of the Candidate:**

**Passport Number:**

**Full Address and Telephone Number (fixed line) of the candidate in Iran:**

**For Emergency Call in Iran:**

**Name:**

**Direct Phone:**

**Candidate Phone (Iran or Malaysia):**

**Candidate Email:**

**Level of the Program Applied: (Foundation/Bachelor/Master/PhD, etc)**

**Name of the Program Applied with its Major:**

**The proposed Supervisor/Advisor:**

**Name:**

**Phone:**

**Email :**

**Registration Fee (Getting Offer Letter):**

**The Visa Process Fees:**

**International Students Admin Fees:**

**Tuition Fees of the Program:**

**How the University get the Student:**

**Direct Application by Student ( )**

**Through the Student Agents ( )**

**If Agent, Name of the Agent:**

**Phone Number of Agent:**

**Any type of Grant/Scholarship/financial assistance provided for the Student (please explain):**

## HEALTH DECLARATION FORM FOR APPLICANTS

I hereby declare that I am free from the following diseases/conditions:

ITEMS	SELF		IF NO, PLEASE STATE	
	YES	NO		
Tuberculosis				<b>IF YOU HAVE SOUGHT CONSULTATION FOR ANY OF THE LISTED DISEASES/CONDITION, YOU ARE REQUIRED TO SUBMIT YOUR MEDICAL HISTORY/REPORT FROM YOUR TREATING PHYSICIAN TO EDUCATION MALAYSIA GLOBAL SERVICES (EMGS) PANEL CLINIC/UNIVERSITY HEALTH CENTRE.</b>
Hepatitis B				
Hepatitis C				
HIV				
Drug use/abuse of:				
1. Opiates				
2. Cannabinoids				
3. Amphetamine				
4. Methamphetamine				
Sexually Transmitted Diseases				
Congenital or Inherited Disorder				
Cancer				
Epilepsy				
Psychiatric Illness				
Other illness				

I declare that I will submit myself for compulsory Post-Arrival Health Examination as per Malaysian regulations. In the event that I should be diagnosed with any condition that deems me **UNSUITABLE** for studies, I will bear the cost of leaving Malaysia and will adhere to the immigration requirements on the visit pass and exit before the pass expiration, or any deadline given to me whichever is earlier.

I declare that in the event I should be diagnosed with any conditions that does not require my removal from Malaysia but requires medical treatment and I choose to remain in Malaysia to continue my studies, I will bear any and all costs relating directly or indirectly towards the medical management of my medical condition.

I confirm that EMGS Panel Clinic/University Health Centre shall not be responsible in any manner or whatsoever, arising out of EMGS Panel Clinic/University Health Centre certification of my medical status as suitable to study or reside in Malaysia despite the medical condition described above. I further undertake to hold EMGS Panel Clinic/University Health Centre harmless from any loss or liability arising from this decision and agree to indemnify and keep EMGS Panel Clinic/University Health Centre from any loss or liability arising from this decision.

.....  
**Date (dd/mm/yyyy)**

.....  
**Name of applicant as indicated in the passport**

.....  
**Applicant's signature**

.....  
**Applicant's passport number**

**Kindly ensure all information requested in this form is complete and updated in English Language.**

## EMGS ACCOUNT DETAILS FOR FEE PAYMENT

Payment Method can be made through **Cheque / Bank Draft / Bank Transfer**

### Account Information

**NAME OF BANK** : MALAYAN BANK BERHAD (MAYBANK)  
**ACCOUNT NO** : 514057662341  
**ACCOUNT NAME** : EDUCATION MALAYSIA GLOBAL SERVICES  
**PAYABLE TO** : EMGS ESCROW ACCOUNT 1  
**SWIFT CODE** : MBBEMYKLXXX  
**BANK ADDRESS** : LOT 1.01, AMPANG PARK, JALAN AMPANG, 50450  
KUALA LUMPUR, MALAYSIA

### EXAMPLE OF RECEIPT PAYMENT PAID AT BANK

**Maybank**  
Deposit-Cash

Taman Sri Serdang  
June 05, 2018  
12:18:11

Name: EMGS ESCROW ACCOUNT \*EMGS ESCROW ACCOUNT  
Account No.: 514057662341  
Amount: RM1,280.00

EMGS ESCROW ACCOUNT \*EMGS ESCROW ACCOUNT

00022090181 567695 Sup ID: NA Tell ID: 00022090

**DEPOSIT / PLACEMENT / CREDIT / PAYMENT**  
Name: EDUCATION MALAYSIA GLOBAL SERVICE  
Account / Card No. 514057662341  
Amount RM 1280.00  
Card No.   
Amount RM   
Transaction Description MD ALMANUN  
Reference No. BR0881679  
DEBIT  
Name:   
Account No.   
Amount RM   
Please check and verify the transaction details before leaving the counter. The Bank shall not be responsible or liable for any failure to notify of any discrepancy(ies). This is a computer printout.  
CA 02/BCF/1215

**SAMPLE OF MAYBANK  
EMGS PAYMENT RECEIPT**



## PASSPORT NUMBERING AND PHOTOCOPY EXAMPLE

**Please Number All the Copies to Avoid Missing Pages and Delay at EMGS**

For Example: If Your Passport Has 60 Pages, Then On Each Page Of Your Photocopy  
Write The Page Numbers Per Total Pages, 1-2/60, 3-4/60 ... 59-60/60

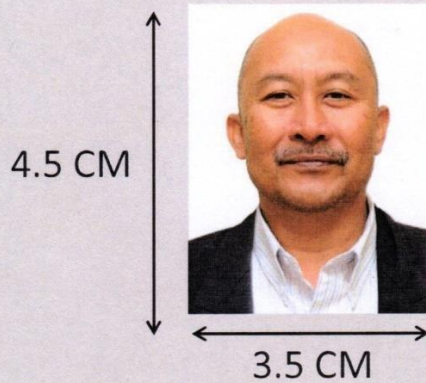
If Your Passport Has 40 Pages, Then On Each Page Of Your Photocopy  
Write The Page Numbers Per Total Pages, 1-2/40, 3-4/40 ... 39-40/40



## PHOTO GUIDELINE



**ACCEPT**



Taken in front of a plain **WHITE** background only

Clear and sharp

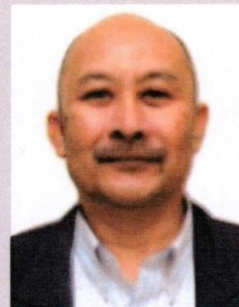
Taken with a neutral facial expression, mouth closed



**REJECT**



**COLOUR** background



Blur picture



Edited picture, -  
toned/pattern background



-Smiling with teeth showing  
- Wrong size



Face & shoulder  
not facing forward