

## ADMISSION APPLICATION FORM

### Instructions:

1. Complete all sections in BLOCK letters.
2. Attach required documents (Copy of IC / Passport, Certified True Copy of Academic Results)
3. Submit the completed Admission Application Form to [jchs.admissions@jchs.edu.bn](mailto:jchs.admissions@jchs.edu.bn)

### SECTION 1: PERSONAL INFORMATION

<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Nationality</b>	
<b>IC / Passport No.</b>	
<b>Home Address</b>	
<b>Phone No.</b>	
<b>Email Address</b>	

### SECTION 2: PROGRAM SELECTION

<input type="checkbox"/> Foundation in Science Certification <input type="checkbox"/> Bachelor of Science in Nursing	
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### SECTION 3: EDUCATIONAL BACKGROUND

(List the most recent qualifications first)

Qualification	School / Institution	Year Completed	Grade / Score

**SECTION 4: ADDITIONAL INFORMATION****How do you know about JCHS?**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Career Talk                             | <input type="checkbox"/> Educational Visit to JCHS            | <input type="checkbox"/> Facebook           | <input type="checkbox"/> Higher Education Expo |
| <input type="checkbox"/> Instagram                               | <input type="checkbox"/> JCHS Open Day                        | <input type="checkbox"/> Mall Roadshow      | <input type="checkbox"/> Newspaper             |
| <input type="checkbox"/> Program Eksplorasi Kerjaya – Sixth Form | <input type="checkbox"/> Program Hala Tuju – Secondary School |   |  |
| <input type="checkbox"/> Radio Commercial                        | <input type="checkbox"/> Referral – Friends                   | <input type="checkbox"/> Referral – Parents | <input type="checkbox"/> Referral – Relatives  |
| <input type="checkbox"/> Referral – Teachers                     | <input type="checkbox"/> School Roadshows.                    | <input type="checkbox"/> Tiktok             | <input type="checkbox"/> TV Commercial         |
| <input type="checkbox"/> Website                                 | <input type="checkbox"/> Others: _____                        |   |  |

**Reason for choosing JCHS**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Employability        | <input type="checkbox"/> Facilities      | <input type="checkbox"/> Faculty                    | <input type="checkbox"/> Image of the College |
| <input type="checkbox"/> Lecturers            | <input type="checkbox"/> Parent's Choice | <input type="checkbox"/> Proximity to the Residence |   |
| <input type="checkbox"/> Quality of Education | <input type="checkbox"/> Others: _____   |   |   |

**SECTION 5: SUPPORTING DOCUMENTS**

(Ensure all required documents are attached)

- ☐ Copy of IC / Passport
- ☐ Certified True Copy of Academic Results

**SECTION 6: DECLARATION**

I hereby pledge that all the information I have provided herein is true and correct. I also fully understand that any false information given will negatively affect my admission to the college.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for applying to JPMC College of Health Sciences. We will contact you regarding your application status.*

**FOR ADMISSIONS OFFICE USE ONLY**

<b>Application Received By</b>		<b>Date Received</b>	
<b>Application Status</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	<b>Authorized Signature</b>	
<b>Remarks</b>			