

STUDENT VISA APPLICATION FORM

Instructions:

1. Fill in all required fields with accurate details. Ensure all mandatory fields (marked with an asterisk *) are completed.
2. Complete all sections in BLOCK letters.
3. Please attach the required documents along with your completed form and send them to our International Affairs Office at:
 - international-affairs@jchs.edu.bn
 - CC: registrar@jchs.edu.bn

FOR STUDENTS STILL OUTSIDE BRUNEI	FOR STUDENTS RESIDING IN BRUNEI
<input type="checkbox"/> Passport Copy	<input type="checkbox"/> Passport Copy
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Acceptance Letter from JPMC College of Health Sciences	<input type="checkbox"/> Acceptance Letter from JPMC College of Health Sciences
<input type="checkbox"/> Passport – sized Photograph (as per visa requirements)	<input type="checkbox"/> Parent's Passport with Valid Employment Visa Chop
<input type="checkbox"/> Proof of Financial Support (e.g., a recent bank statement for the last 3 months, sponsorship letter, financial guarantee letter, or credit card statement)	<input type="checkbox"/> Parent's Foreign Worker's License
<input type="checkbox"/> Medical Insurance Coverage for the Entire Duration of Stay in Brunei	<input type="checkbox"/> Parent's Identity Card
<input type="checkbox"/> Medical certificate Confirming Fitness to Study in Brunei	<input type="checkbox"/> Marriage Certificate
<input type="checkbox"/> Police Clearance Certificate from Country of Origin	<input type="checkbox"/> Salary Slip (Latest 3 Months)
<input type="checkbox"/> Accommodation Evidence	<input type="checkbox"/> Divorce Certificate (If Necessary)
<input type="checkbox"/> International Vaccination Certificate	<input type="checkbox"/> Adoption Certificate (If Necessary)

4. Read the declaration carefully, sign, and date the form to confirm that all the information provided is true and accurate.
5. Ensure all required documents are included before submitting your application. Incomplete applications may delay processing.

SECTION 1: PERSONAL INFORMATION*	
Full Name (as stated in passport)	
Date of Birth	
Age	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth	
Nationality	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Religion	

SECTION 2: CONTACT AND ACCOMMODATION DETAILS*	
Home Country Address (Current Residential Address)	
Current Address in Brunei Darussalam	
Email Address	
Phone Number	

SECTION 3: PASSPORT DETAILS* (Ensure that your passport is valid for at least six months from the intended date of travel).	
Passport Number	
Place of Issue	
Date of Issue	
Date of Expiry	

SECTION 4: PROGRAM INFORMATION*	
Registered Program	<input type="checkbox"/> Foundation in Science Certification <input type="checkbox"/> Bachelor of Science in Nursing
Duration of Program	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years
Start Date	
End Date	

SECTION 5: FINANCIAL SUPPORT*	
Do you have sufficient funds to support yourself during your stay in Brunei?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach proof of financial support (e.g., bank statement, sponsorship letter, financial guarantee letter).	

SECTION 6: EMERGENCY CONTACT INFORMATION*	
Full Name of Emergency Contact	
Relationship to Student	
Emergency Contact's Phone Number	
Emergency Contact's Email Address	

SECTION 7: VISA AND LEGAL INFORMATION*	
Current Visa Status in Brunei (if applicable)	
Expiry Date of Current Visa	
Have you ever been refused entry to or deported from any country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details.	
Have you ever been convicted in a court of law in any country?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please provide details.	
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SECTION 6: DECLARATION*	
<p>I hereby certify that all the information provided in this application is accurate and complete. I fully understand that any false or misleading information may result in serious consequences, including the rejection of my visa application, penalties, or deportation in accordance with Brunei's immigration laws. I acknowledge that the integrity of my application is critical to my legal stay in Brunei and will comply with all relevant regulations.</p>	
Applicant's Signature: _____	Date: _____

Thank you for submitting your application to JPMC College of Health Sciences. We will carefully review your visa application and notify you of the outcome in due course.

FOR OFFICE OF REGISTRAR USE ONLY			
Application Received By		Date Received	
Application Status	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Authorized Signature	
Remarks			