



**CENTRAL FACILITIES SERVICE UNIT, REGISTRAR DEPARTMENT
UNIVERSITI SAINS MALAYSIA**

SMART CARD APPLICATION FORM

SECTION A – PERSONAL INFORMATION

NAME: _____

PASSPORT NUMBER: _____ STAFF ID NUMBER : _____

POSITION: _____ CONTACT NUMBER: _____

EMAIL: _____ SCHOOL/DEPARTMENT: _____

SECTION B – REASON FOR APPLICATION *(Tick X)*

- | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| A. NEW STAFF | <input type="checkbox"/> | B. DATA UPDATE | <input type="checkbox"/> |
| C. IPPT STAFF | <input type="checkbox"/> | D. DAMAGE | <input type="checkbox"/> |
| E. AFFILIATES | <input type="checkbox"/> | F. LOST | <input type="checkbox"/> |
| G. RETIREMENT (KELAB JASA BUDI) | <input type="checkbox"/> | H. POSITION/GRADE CHANGE | <input type="checkbox"/> |
| I. TIME PERIOD ELIGIBILITY | <input type="checkbox"/> | J. EXCHANGE STUDENT | <input type="checkbox"/> |

SIGNATURE OF THE APPLICANT

DATE OF APPLICANT : _____

SECTION C – OFFICIAL APPROVAL

The Smart Card application as mentioned above has been **APPROVED/NOT APPROVED**

Official Stamp & Signature

Appoinment Date

DATE :