



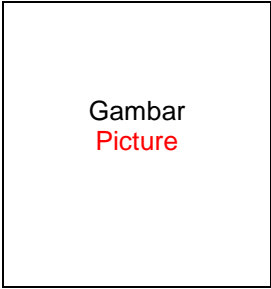
**BORANG MAKLUMAT PERIBADI STAF**  
**STAFF PERSONAL INFORMATION FORM**  
(Diisi oleh Staf Baru- Pelantikan Pertama)  
For new staff – first appointment

Sila isi borang yang dilampirkan:  
Please fill in these forms:

- U1-01      Laporan Diri  
              Report for Duty
- U1-02      Maklumat Untuk Dihubungi  
              Contact Information
- U1-03      Kelayakan Akademik  
              Academic Qualification
- U1-04A    Maklumat Ibu Bapa  
              Parents Information
- U1-04B    Maklumat Suami /Isteri  
              Spouse Information
- U1-04C    Maklumat Anak  
              Children Information

*(Penting: Pengisian melibatkan Borang U1-04,  
sila kemukakan salinan surat nikah/sijil kelahiran)*

*(Important: Please include a copy of marriage certificate/birth certificate for U1-04 Form)*



Nama: \_\_\_\_\_  
Name

No. K/P: \_\_\_\_\_  
Passport Number

Jawatan: \_\_\_\_\_  
Position:

Jabatan: \_\_\_\_\_  
Department:

Tarikh Lantik: \_\_\_\_\_  
Date of Appointment:

*Perhatian: Sila kembalikan dokumen ini dalam masa 5 hari*

*Information: Please return this document within 5 days*



SISTEM MAKLUMAT UNIVERSITI-STAF

UNIVERSITY STAFF INFORMATION SYSTEM

LAPOR DIRI (U1-01)

REPORT DUTY (U1-01)

Nama: \_\_\_\_\_  
(Mengikut Kad Pengenalan/ No. Pasport)

Name : \_\_\_\_\_  
(as in Passport)

Passport Number: \_\_\_\_\_

Gelaran; Prof/ Dr./ Encik/ Puan/ Cik/Dato'/Datin  
Salutation: Prof./Dr./Mr./Mrs./Ms./Dato'/Datin

Kampus: PulauPinang/Kejuruteraan/Kesihatan/IPPT  
CampusMain/Engineering/Health/IPPT

No. K/P/o. K/P \_\_\_\_\_  
NRIC /Passport Number

No. Staf: USM \_\_\_\_\_  
Staff Number:

\_\_\_\_\_ Tarikh Lahir:  
Date of Birth

Jantina \_\_\_\_\_  
Gender: Male/ Female

Keturunan: \_\_\_\_\_  
Race:

Agama: \_\_\_\_\_  
Religion:

Tarikh Surat: \_\_\_\_\_  
Date of Offer Letter

Taraf Perkahwinan: \_\_\_\_\_  
Marital status

Kerakyatan/Warganegara: \_\_\_\_\_  
Nationality:

No. Sijil Lahir: \_\_\_\_\_  
Birth Certificate Number:

Status Bermastautin: \_\_\_\_\_  
Residential Status:

Jawatan Lantik: \_\_\_\_\_  
Appointed Position :

Bidang Pengajaran/Lantik: \_\_\_\_\_  
Field of Work/Appointment

Tarikh Lantikan: \_\_\_\_\_  
Date of

Tarikh \_\_\_\_\_ Hingga:  
Completion Date Appointment

Jabatan/Pusat Tanggungjawab: \_\_\_\_\_  
Department:

Bahagian \_\_\_\_\_  
Section :

Unit: \_\_\_\_\_  
Unit:

**MAKLUMAT GAJI**

**SALARY INFORMATION**

Amaun Gaji: \_\_\_\_\_  
Amount of Salary:

Bulan Pergerakan Gaji: \_\_\_\_\_  
Monthly Salary Incrementt:

No. Perkeso: \_\_\_\_\_  
Perkeso/Socso Number

No.KWSP:Caruman KWSP: 

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 \_\_\_\_\_ %  
KWSP/EPF Number/ KWSP/EPF Contribution

No. Cukai Pendapatan 

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Income Tax Number

Tarikh Akujanji: 

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Letter of Undertaking Date (mm/dd/yy)

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(Diisi oleh Pegawai BSM)  
(To be filled by HR Officer)

**REKOD STATISTIK**  
**STATISTICAL RECORD**

Jawatan Diisi: \_\_\_\_\_  
Position

Jabatan Diisi/Tabung Pembayar: \_\_\_\_\_  
Department/ Payer Fund

Bidang Isi: \_\_\_\_\_  
Field of Work:

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Pegawai Bertanggungjawab: _____ Officer in Charge	T.T. Signature _____
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Pembantu Tadbir Bertugas: _____ Administrative Assistant in Charge	Tarikh: Date _____
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Tarikh Kemasukan Data: _____ Date of Data Entry	T.T. Signature _____
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**MAKLUMAT UNTUK DIHUBUNGI: (U1-02)**

**CONTACT INFORMATION: (U1-02)**

Tempat Lahir (Negeri): \_\_\_\_\_  
Place of Birth (State) :

Alamat Tetap: \_\_\_\_\_  
Permanent Address

Bandar Tetap: \_\_\_\_\_ Poskod: 

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Permanent Town: Postcode:

Negeri Tetap: \_\_\_\_\_ No. Tel: \_\_\_\_\_  
Permanent State Telephone Number:

Negara Tetap: \_\_\_\_\_  
Permanent Country:

Alamat Sekarang \_\_\_\_\_  
Current Address:

Bandar Sekarang: \_\_\_\_\_ Poskod: 

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Current Town Postcode:

Negeri Sekarang: \_\_\_\_\_ No.Tel: \_\_\_\_\_  
Current State: Telephone Number:

Alamat Kecemasan: \_\_\_\_\_  
Emergency Address:

Bandar Kecemasan: \_\_\_\_\_ Poskod: 

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Emergency Town: Postcode:

Negeri Kecemasan: \_\_\_\_\_ No. Tel: \_\_\_\_\_  
Emergency State: Telephone Number:

Negara Kecemasan: \_\_\_\_\_  
Emergency Country:

Nama Untuk Dihubungi: \_\_\_\_\_  
Name of Contact Person:

Pertalian: \_\_\_\_\_  
Relationship:

Bekas Anggota Tentera (1)  
/Polis (2): \_\_\_\_\_  
Ex-Army (1)/ Ex-Police (2): \_\_\_\_\_

Klinik Panel Staf: \_\_\_\_\_  
Staff Panel Clinic: \_\_\_\_\_

Tahap Kecacatan: \_\_\_\_\_ Jenis Kecacatan: \_\_\_\_\_  
Level of Disability: \_\_\_\_\_ Type of Disability: \_\_\_\_\_

Emel Rasmi (USM): \_\_\_\_\_  
Official Email (USM): \_\_\_\_\_  
Emel Peribadi: \_\_\_\_\_  
Personal Email: \_\_\_\_\_

No. Telefon Pejabat (terus): \_\_\_\_\_  
Office Telephone Number (direct line): \_\_\_\_\_

No. Telefon Pejabat (samb): \_\_\_\_\_  
Office Telephone Number (ext): \_\_\_\_\_

No. Telefon Bimbit: \_\_\_\_\_  
Mobile Phone Number: \_\_\_\_\_

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Pegawai Bertanggungjawab: \_\_\_\_\_ T.T. Signature \_\_\_\_\_  
Officer in Charge

Pembantu Tadbir Bertugas: \_\_\_\_\_ Tarikh: \_\_\_\_\_  
Administrative Assistant in Charge Date

Tarikh Kemasukan Data: \_\_\_\_\_ T.T. Signature \_\_\_\_\_  
Date of Data Entry



**KELAYAKAN AKADEMIK: (U1-03)** (Sila buat salinan jika tidak mencukupi)

**ACADEMIC QUALIFICATION: (U1-03)** (please make a copy if not enough)

**BUTIRAN PERSEKOLAHAN TERTINGGI**

**HIGHEST EDUCATION INFORMATION**

Tahun Kelulusan: \_\_\_\_\_

Date of Graduation:

Kelulusan (\*SPM/STPM): \_\_\_\_\_

Qualification (\*SPM/STPM):

Pencapaian Bahasa Melayu: \_\_\_\_\_  
(Peringkat SPM - Contoh: Terbaik SPM/ KepujianSPM/Lulus SPM)

Achievement in Bahasa Melayu:  
SPM Level –Example: SPM Excellent/ Credit/ Pass)

**BUTIRAN PENGAJIAN DI IPT**

**IPT ACADEMIC INFORMATION**

Nama Kelayakan: \_\_\_\_\_  
(Ringkasan – Contoh: B BA (Hons) / B Sc (Hons))  
Name of Academic Qualification:  
(Exp: B BA (Hons) / B Sc (Hons))

Kelayakan Akademik  
Yang Diperolehi: \_\_\_\_\_  
Academic Qualification Obtained:

Bidang Pengkhususan: \_\_\_\_\_  
Field of Expert/ Major:

Nama Institusi/Universiti: \_\_\_\_\_ Negara: \_\_\_\_\_  
Institution/University: Country:

Tarikh Kelulusan: \_\_\_\_\_  
Date of Graduation:

CGPA: \_\_\_\_\_ Kelas: \_\_\_\_\_  
CGPA: Class:

Biasiswa: \_\_\_\_\_

Scholarships:  
Tempoh Perjanjian (Bulan): \_\_\_\_\_(bbb)

Duration of Agreement (Month):  
Tarikh Kuatkuasa Perjanjian/Kontrak: \_\_\_\_\_

Effective Date of Agreement/Contract:

Bayaran Ganti Rugi  
(jika ada): RM \_\_\_\_\_

Tarikh Tamat  
Perjanjian/Kontrak: \_\_\_\_\_

Payment of Compensation (if any): RM Expiration Date of Agreement/Contract:

Pegawai  
Bertanggungjawab: \_\_\_\_\_  
Officer in Charge

T.T. \_\_\_\_\_  
Signature

Pembantu Tadbir  
Bertugas: \_\_\_\_\_  
Administrative Assistant  
in Charge

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

Tarikh Kemasukan Data: \_\_\_\_\_  
Date of Data Entry

T.T. \_\_\_\_\_  
Signature





**MAKLUMAT SUAMI/ISTERI : (U1-04B)**

**SPOUSE INFORMATION: (U1-04B)**

No. K/P Baru Suami/Isteri:

New NRIC Number:

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Nama Suami/Isteri:

Name of Husband/Wife:

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Gelaran Suami/Isteri:

Salutation:

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Status (\*Suami/Isteri):

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Status: (\*Wife/Husband):

Status Pekerjaan Suami/Isteri:

Occupation:

---

Jabatan /Majikan Suami/Isteri:

Department /Employer:

---

Taraf Layak Perubatan Suami/Isteri:

Medical Eligibility:

---

Klinik Panel Suami/Isteri:

Panel Clinic:

---

Agama Suami/Isteri:

Religion:

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Keturunan Suami/Isteri:

Race:

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Status Kerakyatan Suami/Isteri:

Citizenship:

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Jenis Kecacatan:

Type of Disability:

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No. Kad OKU:

OKU Card Number:

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Tarikh Perkahwinan:

Date of Marriage:

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(hh/bb/tt)(mm/dd/yy)

Tarikh Penceraian:

Date of Divorce:

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(hh/bb/tt) (mm/dd/yy)

Tarikh Kematian Suami/Isteri:

Date of Death:

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(hh/bb/tt)(mm/dd/yy)

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Pegawai Bertanggungjawab: \_\_\_\_\_ T.T: \_\_\_\_\_  
Officer in Charge: Signature:

Pembantu Tadbir Bertugas: \_\_\_\_\_ Tarikh: \_\_\_\_\_  
Administrative Assistant in Charge: Date:

Tarikh Kemasukan Data: \_\_\_\_\_ T.T: \_\_\_\_\_  
Date of Data Entry: Signature:



Pegawai Bertanggungjawab: \_\_\_\_\_ T.T: \_\_\_\_\_  
Officer in Charge: \_\_\_\_\_ Signature: \_\_\_\_\_

Pembantu Tadbir Bertugas: \_\_\_\_\_ Tarikh: \_\_\_\_\_  
Administrative Assistant in Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Tarikh Kemasukan Data: \_\_\_\_\_ T.T: \_\_\_\_\_  
Date of Data Entry: \_\_\_\_\_ Signature: \_\_\_\_\_



**MAKLUMAT IBU BAPA: (U1-04A)**

**PARENTS INFORMATION: (U1-04A)**

Nama Ibu: \_\_\_\_\_  
Mother's Name:

No. K/P Ibu: 

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NRIC Number:

Status Ibu: \_\_\_\_\_  
(Contoh: Ibu kandung/Ibu tiri)  
Status  
(Exp: Biological mother/step-mother)

Taraf Layak  
Perubatan Ibu: \_\_\_\_\_

**Medical Eligibility:**

Tarikh Kematian Ibu: 

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 (hh/bb/tt)(mm/dd/yy)  
Date of Death:

Nama Bapa: \_\_\_\_\_  
Father's Name:

No. K/P Bapa: 

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NRIC Number:

Status Bapa: \_\_\_\_\_  
(Contoh: Bapa kandung/Bapa tiri)  
Status  
(Exp: Biological Father/Step-father)

Taraf Layak  
Perubatan Bapa: \_\_\_\_\_

**Medical Eligibility**

Tarikh Kematian Bapa: 

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 (hh/bb/tt)(mm/dd/yy)(m)  
Date of Death :

Pegawai Bertanggungjawab: \_\_\_\_\_ T.T: \_\_\_\_\_

Officer in Charge: \_\_\_\_\_ Signature: \_\_\_\_\_

Pembantu Tadbir Bertugas: \_\_\_\_\_ Tarikh: \_\_\_\_\_

Administrative Assistant in Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Tarikh Kemasukan Data: \_\_\_\_\_ T.T: \_\_\_\_\_

Date of Data Entry: \_\_\_\_\_ Signature: \_\_\_\_\_