

**MALAYSIAN DIABETES EDUCATORS SOCIETY (MDES)
SCHOLARSHIP YEAR 2020 APPLICATION FORM**

1. Personal Particulars

Name of Applicant (In Block Letters)

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Identity card No: Gender: Male/ Female

Home address:

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.....Postcode.....

Postal address:

.....

.....Postcode

Telephone No:

Home..... Office.....

H/P.....

Email address:

Bank Account Information:

Name of Bank:

Bank Account No:

2. Involvement in MDES

MDES Life Membership Reg. No.

Previous contributions towards the activities of MDES:

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Your proposed contributions towards MDES AFTER completion of your training programme

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3. Course Particulars

Name of University/College/Institution/School/Organisation:

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Address:

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Course Title:

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Duration of Course:

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Date of Commencement

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Expected Date of completion of programme (please attach letter from head of programme)

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4. Declaration

I, the undersigned, declare that the particulars given by me in this application form are correct. I have also read and understood the Terms and Conditions of the award as attached. I agree to abide by the Terms and Conditions of the scholarship. I understand that the award can be withdrawn if any information given in this form is found to be incorrect. I understand and agree that the personal information given herein will be used for verification and other related administrative purpose only.

Signature of Applicant:

Name (In Block Letters)

Date :

For Official Use:

Date of Interview :

Name of Interviewer 1:..... Signature:

Comment:

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Name of Interviewer 2:..... Signature:

Comment:

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Recommendation:

Approved	Not Approved