



MALAYSIAN DIABETES EDUCATORS SOCIETY
PERSATUAN PENDIDIK DIABETES MALAYSIA (PPM-002-10-29052007)
Block A, Jaya One, No 72A, Jalan Professor Diraja Ungku Aziz, 46200
Petaling Jaya, Selangor.
Email: MDES0507@gmail.com

MALAYSIAN DIABETES EDUCATORS SOCIETY (MDES)
SCHOLARSHIP YEAR 2024 APPLICATION FORM

1. Personal Particulars

Name of Applicant (In Block Letters)

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Identity card No: Gender: Male/ Female

Home address:

.....

.....Postcode.....

Postal address:

.....

.....Postcode

Telephone No:

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

H/P.....

Email address:

Bank Account Information:

Name of Bank:

Bank Account No:



2. Professional development

Please summarise your current role and explain how the scholarship will benefit your training and role as well as enhance the national and/or local service.

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How will the key learnings benefit your professional development and be applied in your practice?

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3. Involvement in MDES

MDES Life Membership Reg. No.

Please list any sponsorship that you have received from MDES in the past 5 years?

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Previous contributions towards the activities of MDES, or diabetes related community services:
 (Max 250 words)

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**Your proposed contributions towards MDES or Diabetes related community services
 AFTER completion of your training programme (max 250 words)**

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4. 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:

Date of Commencement

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

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5. 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 I understand that the award can be withdrawn if any information given in this form is found to be incorrect.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:

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

Comment:

Name of Interviewer 3:..... Signature:

Comment:

Recommendation:

Approved	Not Approved