

**MALAYSIAN DIABETES EDUCATORS SOCIETY (MDES)  
SCHOLARSHIP YEAR 2026 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: .....

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.....Postcode .....

Telephone No:

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

H/P.....

Email address: .....

Bank Account Information:

Name of Bank: .....

Bank Account No: .....

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**2. Professional development**

Please summarise your current role and how the scholarship will benefit your training and role and 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:

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**Your proposed contributions towards MDES AFTER completion of your training programme**

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 I understand that the award can be withdrawn if any information given in this form is found to be incorrect.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

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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