



UNIVERSITI  
MALAYSIA  
KELANTAN

UMK/A10/08/2022

Tarikh Kuatkuasa / Effective Date: 08/02/2022

**REGISTRATION FORM FOR NEW STUDENTS  
(FIRST SEMESTER)**

**MALAYSIAN GRADUATE SCHOOL OF ENTREPRENEURSHIP & BUSINESS (MGSEB)**

**PART A (BASIC RECORD AND STUDENT'S ADDRESS)**

Name:			
IC No.:		Matric No.:	
Faculty / Centre:			
Year / Study Programme:			
Gender:			
Race:		Ethnicity:	
Country of Origin:			
Religion:			
State of Birth:		State of Residence:	
Nationality:		Date of Birth:	
District:		Marital Status:	
Health Record:	i. Blood Type: _____ ii. Disease Suffered: _____ iii. Disability: _____ iv. Colour Blind: _____ v. Stutter: _____ vi. Drug Allergy: _____ vii. If 'Yes', Please State: _____		
Scholarship/Loan:			
Home Address:		Fax No:	
Phone No:		Email:	



**Part C (Information Of Spouse/Parents/Guardians)\***

Details		Spouse/Parents/Guardians Details*	Spouse/Parents/Guardians Details*
1.	Name:		
2.	Relationship:		
3.	H/P No:		
4.	Email:		
5.	Occupation:		
6.	Position:		
7.	Income:		
8.	Liability:		
9.	Mailing Address:		
10	Phone No.:		
11	Office Phone No.:		

**CONFESSION**

I declare that all information and details (including amendments) contained in this form are true. I will notify the University in the event of any change in the information above. My failure to do so, the effect is under my responsibility.

Signature:		Date:	
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**For office use:**

Accepted by:		
Signature by:		Date: