

Secretary,
Nursing Board Malaysia,
Ministry of Health Malaysia,
Level 3, Block E7, Parcel E, Presint 1,
Federal Government Administrative Centre,
62590 Putrajaya,
Malaysia.

APPLICATION FOR VERIFICATION OF REGISTRATION (VOR)
PERMOHONAN PENGESAHAN PENDAFTARAN

1. Full Name :
Nama penuh
2. Mailing Address:.....
Alamat surat-menyurat
- Postcode/Poskod :..... City/Bandar:.....
- State/Negeri :
3. Mobile Phone No: House Phone:.....
Tel. Bimbit Tel. Rumah.
4. Email Add/ *Alamat Emel:*
5. NRIC /No.KP Baru:Passport No:.....
6. **Full Address** of intended place of registration (**Nursing Board / Council**)
Alamat Penuh bagi tempat yang ingin didaftarkan (**Lembaga Jururawat/ Majlis**):
-
-

7. Complete below details/ *Lengkapkan maklumat di bawah:*

Verification of Registration <i>Pengesahan Pendaftaran</i> Please tick/ <i>Sila tanda (√)</i>	Registration No. <i>No. Daftar</i>	Registration Date <i>Tarikh Daftar</i>	Payment RM 30 for each Verification <i>Bayaran RM 30 bagi setiap Pengesahan</i>
<input type="checkbox"/> Registered Nurse <i>Jururawat Berdaftar</i>			RM:
<input type="checkbox"/> Midwife Part 1 <i>Kebidanan Bhg. 1</i>			RM:
<input type="checkbox"/> Assistant Nurse <i>Penolong Jururawat</i>			RM:
Total Payment / Jumlah Bayaran			RM:

8. **Checklist/ Senarai Semak :**

Please tick/ *Sila tanda* ✓

a) Attach a copy of **Registration Certificate** for each verification as applied in No.7.
Lampirkan sesalinan Sijil Pendaftaran yang berkaitan seperti yang dipohon di No. 7.

b) **Bank Draft/Postal Order** in Ringgit Malaysia payable to: **Secretary of Nursing Board Malaysia**
Draf Bank/ Wang Pos dalam Ringgit Malaysia bayar kepada: Setiausaha Lembaga Jururawat Malaysia.

Date/Tarikh :

Signature/Tandatangan:.....