

INSTRUCTIONS FOR FILLING THE FORMS

- Please print the form, and fill it in by hand, writing legibly. Alternatively, you may fill in the form using your word processor, and then print it. Do remember to sign the form where required before submission, and to affix your photograph in the space provided, and provide a second photograph with the completed form.
- Every section should be filled. Where the form says “If the space provided is insufficient, please attach a separate list as appendix”, write “See appendix ___”, and attach the required information on a separate sheet. The appendices **MUST** be numbered, and attached in proper order, so that it is easy to refer to them. It is better to give each page of the appendix a descriptive header.
- Please **DO** fill Section D on the form, even if you have attached an appendix.
- Under section I, two references are required.
- Please attach copies of the following documents:
 1. Basic qualification
 2. Specialty qualification(s)
 3. Registration with the relevant council, e.g. Dental Council of India
 4. Pages 1 and 2 of your passport
 5. Full text prints of your published papers

And address the application form to :

**DEAN
FACULTY OF DENTISTRY
UNIVERSITI TEKNOLOGI MARA
40450 SHAH ALAM
SELANGOR DARUL EHSAN
MALAYSIA**

Please submit the form on or before receiving application form closing date.



**UNIVERSITI TEKNOLOGI MARA
LECTURER APPLICATION FORM**

Photograph:
Please paste one
passport-sized
photograph here

Field :
Faculty :

A. PERSONAL INFORMATION

1. Name in full (IN BLOCK LETTERS)
2. Sex : M Male / F Female
3. Address:.....
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4. Tel.No:..... 5. email
6. Date-of-Birth..... 7. Age :
8. Identity card No /Passport No :
9. Place & Date of Issue:..... 10. Citizenship :
11. Marital Status:

- a) If married, number of children.
- b) Name & ages as at 1st January ,2007

Name	Sex	Age /Date of Birth
i).....
ii).....
iii).....

If married:

- i) Name of Spouse (BLOCK LETTERS):.....
- ii) Date of Birth.....
- iii) Identity card No /Passport No :
- iv) Place & Date of Issue:..... (v) Citizenship
- vi) Occupation of Spouse:.....
- vii) Name & address of present employer of spouse:.....
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B. ACADEMIC QUALIFICATIONS

(Please attach certified-copy/ copies of Transcripts, Diploma/s, Degree/s)

i) Basic undergraduate qualification (If your course is subdivided into separate semesters/ professionals, give the total marks only, not details of each semester/ professional examination.)

Degree/Diploma	Name and address of Institution	Marks/ division	Area of Specialization	Date of Completion

ii) Professional & other qualifications. Please also list here the main course(s) attended, even if they did not lead to the award of a degree/ qualification. If the space is insufficient, list the major courses only.

Degrees/Diplomas & Professional Qualification	Name and address of Institution	Marks/ division	Area of Specialization	Date of Completion

C. AWARDS

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D. PROFESSIONAL MEMBERSHIP

Please state here the medical council/ dental council/ other professional body that you are registered with. Also state the main professional associations of which you are a member

Name of Professional Body	Year	Membership status	Field

E. WORKING EXPERIENCE

i) Please give information of your employment in chronological order. State the nature of work, particularly clarifying the nature of teaching as well as clinical activities carried out (if any) during the time. Please DO fill in this section, although you may attach a more detailed description of the work experience that lists more information about the institutions and the nature of work.

Position held	Name and Address of Employer	Period	Nature of work

ii) Other relevant experience: (If the space provided is insufficient, please attach a separate list as appendix)

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F. PUBLICATIONS

Please provide a list of your publications according to the following categories. (If the space provided is insufficient, please attach a separate list as appendix)

i) Journal Publications (Full Papers)

Please state whether it is cited or non cited publication (*This information can be checked in Scopus or PubMed*)

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ii) Journal Abstract

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iii) Abstract / Proceedings

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iv) Other (eg. Books, chapters in book, etc.)

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G. CONTRACTS

Are you under any form of Contract ? If so, please specify

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H. ADDITIONAL INFORMATION

Please enter any other information which you think is relevant to your selection. Use this space to describe any special training/ teaching achievements/ clinical skills/ administrative skills.

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I. REFERENCES

Please fill in the names and addresses of two persons (not relatives) who will provide information with regard to your character

Name :.....	Name :.....
Position held:.....	Position held:.....
Address:.....	Address:.....
.....
E-mail:.....	E-mail:.....
Tel.No.:.....	Tel.No.:.....

J. MISCELLANEOUS INFORMATION

a. State the salary you expect

b. If it is not possible to place you in the position of your choice, will you accept a lesser post?
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c. If your spouse also applying, which position is he/she applying for?
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d. If you are selected, how soon can you take up your appointment?
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K. DECLARATION

I declare that the information here is correct to the best of my knowledge and belief.

Date :.....

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(Signature of applicant)