Oriental Melaka Straits Medical Centre
"Charity Total Knee Replacement Campaign 2016"

Application Form

A. Personal Details

Name (English) : _____ (NRIC No.) : _____
(Chinese) : _____ Age : _____
Address : _____
_____
Contact Number (Home) : _____ (H/P): _____
Marital Status : Single ( ) / Married ( ) / Widowed ( ) / Divorced ( )
No of Child : _____
Occupation : _____ Total Monthly Income: RM _____
Emergency Contact Person : _____ (H/P): _____

B. Declaration

I hereby declared that the above information given by me is true and complete.

_____ _____
Signature of Applicant Date

Applicant's Terms & Condition:

- Application are opened to Malaysian citizen aged 55 years old & above with financial constraints and medical certification of knee joint disease. (The panel committees may however deliberate on exceptional cases).
- Applicant(s) must submit this completed application form along with a copy the following documents:
  i. 3 months' pay slip (either patient or next of kin)
  ii. Latest EPF account
  iii. Latest Bank Statement
  iv. Referral/recommendation letter from an Orthopaedic Consultant
- The panel committees have the right and authority to make any changes, amendments, and declination to the application form without prior notice and the concern of the applicants.
- The panel committees would need a period of time to select and approve the suitable candidates. The decisions of the panel committees are final and no appeal will be allowed.
- Successful applicant(s) will be officially informed by mail from the hospital.

FOR OFFICE USE ONLY:

This Application form is * **APPROVED** / **NOT APPROVED**

Name : _____ **Signature :** _____

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