P. GANENDRA SCHOLARSHIP

managed by the

Association of Consulting Engineers Malaysia

Recent Passport Size Photograph

APPLICATION FORM

Closing date: 30 November 2026

■ Are you presently enrolled at any Local University: (YES / NO)

If "YES", please provide the following information:

Name of Course	Name of Local University
……..	…….....
Current year of study (Year 1, 2, 3 or 4): ……	

If "NO", and you have been offered a place in a Local University, please provide the following information:

Course Applied For	Name of Local University
……..	…….....

■ Were you a scholarship recipient before? **(**YES / NO**)**

If "YES" please provide the following information:

Year	University / College	Course
……	……	…….....

Section A **Personal Details**

Full Name (as in IC)

Residential Address

……

…… Post Code: ……

House Tel: …… Handphone No.: …… E-mail Address: ……

Nationality		Identity Card No. (New)	
Date of Birth	…… / …… / ……	Sex	☐ Male ☐ Female
Marital Status	☐ Single ☐ Married		

Languages

Spoken: Written:

Section B Educational Qualifications

SPM / SPVM Examination Results

Name and Address of School	Year Taken	Overall Grade	Aggregate

Subject	Grade	Subject	Grade

STPM / "A" Level Examination Results

Name and Address of School	Name of Examination

Year Taken	Overall Grade	Aggregate / CGPA

Subject	Grade	Subject	Grade

Other Qualifications / Awards

Date	Name of Examination / Award	Grade / Award

Section C Work Experience (if any)

Name and Address of Employer	Designation	Period

Section D Extra-curricular Activities

Details of extra-curricular activities, including membership of societies / associations. *(Use a separate sheet of paper, if necessary)*

Section E Medical Condition

State present health condition and give details of any illness or disability that requires medical attention.

Section F Reason(s) for Application

State briefly your reason(s) for applying this scholarship. *(Use a separate sheet of paper, if necessary)*

Section G Family Background

Father

Name	Age	I/C No.

Home Address	House:
Tel:	☐ Family Owned ☐ Rented

Name and Address of Employer	Occupation
Tel:	

Mother

Name	Age	I/C No.

Name and Address of Employer	Occupation
Tel:	

Guardian (if applicable)

Name	Age	I/C No.

Name and Address of Employer	Occupation
Tel:	

If parents / guardian are self-employed, provide the following particulars.		Length of Establishment of Business
Name and Address of Business	Nature of Business	…….. .. month(s) …….. year(s)
Tel: Is the business wholly-owned? ☐ Yes ☐ No	If partnership or joint venture, state share held by parents /guardian.	

Annual Gross Income of Parents / Guardian (Last Year)

	Father (RM)	Mother (RM)	Guardian (RM)	Total (RM)
Employment				
Business				
Rental				
Others				
Total				

Name and Particulars of Siblings / Other Dependants

Name	Relationship	Age	Marital Status	Occupation	Annual Income (RM)

Family Financial Status

Provide any other information on your family financial status which may be helpful towards your application.

Section H Referees

Give names, addresses and occupations of two (2) referees *(not related to the applicant)*

Name (Mr / Mrs / Ms)	Name (Mr / Mrs / Ms)
Address	**Address**
Tel:	Tel:
Occupation	**Occupation**

DECLARATION BY APPLICANT

I certify that the information provided in this application is to the best of my knowledge, true and correct. If at anytime hereafter the Scholarship Fund Committee were to find such information materially false / untrue or if there is any omission, the Scholarship Fund Committee shall be at liberty to take such action against me including termination of the scholarship and recovery of any benefit hitherto extended to me and all costs thereby incurred shall be borne by me.

I recognize that the decision made by the Scholarship Fund Committee pertaining to any discontinuance or termination, suspension or variation of the Scholarship shall be final and binding and I hereby agree to waive any right of action(s) against the Association of Consulting Engineers Malaysia (ACEM) and/or the Scholarship Fund Committee.

I undertake to complete the course of study with diligence and within minimum time, to furnish progress reports / term results immediately upon their issuance to me and all receipts for payment of fees and incidental expenses, to the Scholarship Fund Committee.

I confirm that I have read all the terms and conditions in respect of this application and I hereby agree to be bound by the same.

Name: ……..…… I/C No.: ……...

Signature: ……. Date: ……..…..

Please attach a Certified True Copy of the following documents.

- ☐ Identity Card (both sides)
- ☐ Birth Certificate
- ☐ Testimonial(s) and Record(s) of Participation in Extra-curricular Activities
- ☐ SPM / SPVM / STPM / 'A' Level / Other Equivalent Qualification
- ☐ University Academic Transcripts or University Admission Letter *(Delete whichever not applicable)*
- ☐ Latest Form J (Income Tax Return) or Form EA of Applicant's Parents / Guardian

Closing date: 30 November 2026

For Office Use

Date Application Received	Documentation Required

Date of Interview	Remarks

Recommended for Scholarship	Remarks
☐ Yes ☐ No	

_____

Signature of Chairman,
Scholarship Fund Committee

Date:

Notes