

# VISA APPROVAL LETTER (VAL) CHECKLIST (INTRA-VARIATION)

NO	DOCUMENT	DOCUMENT DETAILS	QUANTITY	APPLICANT	UA
	REQUIRED				
1.	Approval to Change Programme	A copy of Approval to Change Programme from BPA (Undergraduate) or PPS (Postgraduate)	1 Сору		
2.	Academic Transcript & Graduation Certificate	Upload/Attached the scan copy of 1) original and 2) its translation (Certified True Copy are duly signed)	1 Сору		
3.	Academic Results & Attendance Report	A copy of Academic Result and Attendance Report for the previous programme	1 Сору		
4.	Passport Copy	<ul> <li>Passport must have more than 18 months of validity</li> <li>Copy of Passport pages:         <ul> <li>Front page (Personal Information).</li> <li>Student pass/visa page including the expired pass.</li> <li>Pages that have passport records used from travels (stamps from KLIA)</li> </ul> </li> <li>The copies must have only 2 pages of passport in ONEA4 size (Refer Appendix 3)</li> <li>Note: Students from Libya, Iran, Iraq, Somalia, Sudan, Syria and Yemen are required to provide copies of ALL passport pages including blank pages</li> </ul>	1 Сору		
5.	Photo	Upload/Attached a passport-sized photo (4.5cm x 3.5 cm) with a white background. A hardcopy of the photo can be directly sent to USIM 'Alamiyyah if needed. (Refer Appendix 2)	1 Сору		



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6.	Proof of USIM Administrativ e + Student Pass Fee payment to USIM	USIM Administrative + Student Pass Fee: RM120 Students can pay directly to Bursary Department by Online using ATM Machine/ Bank Transfer. UNIVERSITI SAINS ISLAM MALAYSIA Bank: Bank Islam Malaysia Berhad USIM A/C No:05058010008884 Branch Code:4005058 Swift Code: BIMBMYKL Branch Address: Ground Floor PT7183 & PT7184, Jalan BBN 1/2E, Bandar Baru Nilai, 71800 Nilai, Negeri Sembilan Malaysia	1 Сору		
7.	Proof of EMGS and Insurance Fee Payment to EMGS	EMGS Fee: RM677.00 (Including 6% SST) Students can pay directly to EMGS Account using ATM Machine/ Bank Transfer. EDUCATION MALAYSIA GLOBAL SERVICES Acc. Number: 514057662341 Swift Code: MBBEMYKLXXX Bank: MALAYAN BANKING BERHAD (MAYBANK) Address: Ground & Mezzanine Floor, Bangunan, UTM SPACE, 195A, Jalan Tun Razak, 50450, Kuala Lumpur Note: Students need to provide us their proof of payments with the following details for verification: 1. Account holder name 2. Transaction date 3. Actual amount credited into the account	1 Сору		
8.	Health Declaration	You will be required to fill up and submit a copy of the health declaration form (Refer Appendix 4) to apply for a student visa in Malaysia. If you are making an online application, you are required to upload the scanned copy of the form.	1 Сору		

\*Updated On: 6 August 2021



1. The machine-readable zone, MRZ, in the passport is located at the bottom of the photo page.



2. The data of the machine-readable zone consists of two rows of 44 characters each. The only characters used are A-Z, 0-9 and the filler character <. The name is on the first row starting at the6th position, after the 3-character country code.

Positions	Length	Chars	Meaning	
1	1	alpha	P, indicating a passport	
2	1	alpha	Type (for countries that distinguish between different types of passports)	
3–5	3	alpha	Issuing country or organization ( <u>ISO 3166-1 alpha-3</u> code with modifications)	
6–44	39	alpha	Last name, followed by two filler characters, followed by given names. Given names are separated by single filler characters	

3. The format of the first row is:

4. In the name field, spaces, hyphens and other punctuation are represented by <, except apostrophes, which are skipped. If the names are too long, names are abbreviated to their most significant parts. In that case, the last position must contain an alphabetic character to indicate possible truncation, and if there is a given name, the two fillers and at least one character of it must be included.



## Passport Photo Guidelines

- 1. Please find below the photo guidelines for submitting a passport photo to EMGS. Kindly note that his is important since the same picture will be used on the Immigration System as well as printed on the iKad.
- 2. Student will be requested to adhere to the guidelines below to avoid any delay in processing as well as avoiding any untoward issues with law enforcement officials checking the iKad.
- 3. Guidelines of passport photo to be followed:
  - Must be in colour and identical, not black and white
  - Must be taken against a **WHITE** background
  - Your photos must be professionally printed and 45 millimeters (mm) high x 35mm wide. Please do not use photos that have been cut down from larger pictures. In the examples below, the *one on the left shows the correct proportions*. The image on the rightshows incorrect proportions.





• Please ensure that there is **no white border** surrounding the photo as this may affect the dimension of the image. In the examples below, the **one on the left does follow the specification**. The image on the right does not follow the specification.







4. Free from reflection or glare on spectacles, the frames of which must not cover the eyes. We recommend photographs without spectacles to avoid the risk of rejection because of glare or reflection.

5. Because clothing is visible in the passport photo, subjects should be careful to wear something modest.

A conservative top is best. Do not wear something with open shoulders (such as a tank top).

- 6. Free from shadows.
- 7. Digital enhancements or changes are not acceptable.

8. Taken with the eyes open and clearly visible (with no sunglasses or tinted spectacles, and no hair across the eyes) - if possible.

9. With the subject facing forward, looking straight at the camera.

- 10. With a neutral expression with the mouth closed (no grinning, frowning or raised eyebrows).
- 11. Of each person on their own (no objects such as dummies or toys, or other people visible).
- 12. Taken with nothing covering the face.
- 13. In sharp focus and clear.
- 14. Free from "red-eye".
- 15. Taken of the full head, without any covering unless worn for religious or medical reasons.

16. Make sure the facial features are clearly visible, from the bottom of the chin to the crown of the head.

17. Printed professionally or taken in a passport photo booth. Photos printed at home are unlikelyto be of an acceptable standard.

18. Have the person's full name on the back of each photograph (when submitted manually).



# APPENDIX 3

Sample of each single sided A4 page must contains two passport pages





Appendix 4

#### **HEALTH DECLARATION FORM FOR APPLICANTS**

I hereby declare that I am free from the following diseases/conditions:

ITEMS	SELF		IF NO, PLEASE	
	YES	NO	STATE	
Tuberculosis				
Hepatitis B				
Hepatitis C				IF YOU HAVE SOUGH - CONSULTATION FOR
HIV				ANY OF THE LISTED
Drug use/abuse of:				DISEASES/CONDITION
1. Opiates				YOU ARE REQUIRED TO SUBMIT YOUR
2. Cannabinoids				MEDICAL
3. Amphetamine				HISTORY/REPORT FROM YOUR
4. Methamphetamine				TREATINGPHYSICIAN
Sexually Transmitted				TO EDUCATION MALAYSIAGLOBAL
Diseases				SERVICES (EMGS)
Congenital or Inherited Disorder				PANEL CLINIC/UNIVERSITY HEALTH CENTRE.
Cancer				ILALIII ULIVIKE.
Epilepsy				
Psychiatric Illness				
Other illness				

I declare that I will submit myself for compulsory Post-Arrival Health Examination as per Malaysian regulations. In the event that I should be diagnosed with any condition that deems me**UNSUITABLE** for studies, I will bear the cost of leaving Malaysia and will adhere to the immigration requirements on the visit pass and exit before the pass expiration, or any deadline given to me whichever is earlier.

I declare that in the event I should be diagnosed with any conditions that does not require my removal from Malaysia but requires medical treatment and I choose to remain in Malaysia to continue my studies, I will bear any and all costs relating directly or indirectly towards the medicalmanagement of my medical condition.

I confirm that EMGS Panel Clinic/University Health Centre shall not be responsible in any manneror whatsoever, arising out of EMGS Panel Clinic/University Health Centre certification of my medical status as suitable to study or reside in Malaysia despite the medical condition describedabove. I further undertake to hold EMGS Panel Clinic/University Health Centre harmless from any loss or liability arising from this decision and agree to indemnify and keep EMGS Panel Clinic/University Health Centre from any loss or liability arising from this decision.

Name of applicant as indicated in the passport

Applicant's signature

Applicant's passport number

Kindly ensure all information requested in this form is complete and updated in English Language.