



الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

MANAGEMENT SERVICES DIVISION

APPLICATION FORM IIUM STAFF KHAIRAT FUND

Part A: STAFF PARTICULARS

Name :
Staff No :
Designation :
Kuliyah/Centre/Division : Ext: H/P :
Category : Professional & Management Group
 Support Group
Marital Status : Single / Married / Widow / Widower / Divorcee
Next of Kin : Name : Contact No.:

PART B : REASON FOR APPLICATION

Please tick (√) where appropriate

1. Birth of: a) Son
b) Daughter

Date delivered:

2. Death of: a) Staff/spouse
b) Father/Mother
c) Son/daughter

(including death of baby upon delivery at week 22 and above)

Date of Death :

3. Education

a) Children's excellent results in exam

(i) UPSR (5As)
(ii) UPSRA (Mumtaz)
(iii) PT3 (at least 5As)
(iv) SPM (at least 6As) / 'O' Level (5As) or equivalent
(v) STPM/ Matriculation (minimum 3.5 CGPA) / STAM (Mumtaz) / 'A' Level (3As) or equivalent

b) Children's of support staff admission to higher learning institution recognized by Malaysian Government (for Bachelor Degree only)

c) Support staff completed Diploma / Degree programme at higher learning institution recognized by Malaysian Government.

4. Hospitalised/warded/sickness/critical illness

a) Bill paid by IIUM

b) Bill paid by staff

Amount paid : RM.....

c) Critical illness/severe injuries due to accident

5. Fire/ Flood / Landslide / Theft / Robbery

Total lost : RM.....

6. Retirement

7. Hajj

8. Disable Child

9. Marriage

Note:

- **Relevant documents must be attached with the application form, i.e birth / death certificate, OKU card, police / medical reports, medical bills etc.**
- **For death of father/mother, birth certificate of the staff must be attached.**
- **For death of spouse, marital certificate must be attached.**
- **Personal details must also be updated in HRMS self-service**
- **The original documents or certified copy by any of IIUM's officers must be produced for verification purposes.**
- **Incomplete document shall not be entertained.**

Part C: DECLARATION

I, _____ (full name) hereby declared that all the information given herein is true. I have also updated relevant information in the HURIS.

Signature :

Date :

For Secretariat's use only

Part D: CONTRIBUTION DETAILS

- Amount of Monthly Contribution to IIUM SKF : RM

- Member of IIUM SKF since : (month/year)

Part E : RECOMMENDATION AND APPROVAL

(i) I certify that the above information is correct

(ii) The staff is eligible / not eligible for the said assistance
Reason(s) for ineligibility

(iii) The amount for IIUM SKF assistance : RM

Recommended by:

Signature :

Name :

Designation :

Date :

Approved by:

Approved : Amount Approved: RM

Rejected :

Signature :

Name :

Designation :

Date :

Kindly submit form to:

Secretariat IIUM Staff Khairat Fund
Employee Benefits and HR Relations Unit
Management Services Division
International Islamic University Malaysia
Tel: 2418/ 4978 / 3982 Fax : 4997