



الجامعة الإسلامية العالمية ماليزيا  
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA  
بُونْدُوسْتِي سَلَامٌ اِنْتَابَا اِنْتَابَا اِنْتَابَا مَلَيْسِيَا

## MANAGEMENT SERVICES DIVISION

### APPLICATION FORM

#### SUBSIDY FOR CHILDCARE FEE AT IIUM EDUCARE

#### INSTRUCTIONS :-

1. Applicable for staff member with household gross income of not more than RM5,000.00 per month.
2. Applicable for children below four (4) years old on the date of registration at the IIUM Educare.
3. Application must be attached with the following documents :-
  - i. Copy of the staff latest payslip;
  - ii. Copy of MyKid or foster child certificate issued by Jabatan Pendaftaran Negara (JPN);
  - iii. Copy of MyKid and related document in the case of stepchild/children; **and**
  - iv. Copy of spouse's payslip or certification letter by Head of Department (HOD) if spouse is not working or self-employed.
4. Application must be submitted on annual basis latest by **31<sup>st</sup> December**.

#### STAFF DETAILS

1. **STAFF NAME** : \_\_\_\_\_
2. **STAFF NO** : \_\_\_\_\_
3. **POST & GRADE** : \_\_\_\_\_
4. **K/C/D/I** : \_\_\_\_\_
5. **I/C NO** : \_\_\_\_\_
6. **HOME ADDRESS** : \_\_\_\_\_  
\_\_\_\_\_

7. **PHONE NO** : **OFFICE** : \_\_\_\_\_  
**HOUSE** : \_\_\_\_\_  
**H/P** : \_\_\_\_\_  
**FAX** : \_\_\_\_\_
8. **EMAIL** : \_\_\_\_\_

**B. MONTHLY INCOME STATEMENT (PLEASE ATTACH PAYSLIP)**

1. **STAFF TOTAL INCOME** : **RM** \_\_\_\_\_  
2. **SPOUSE TOTAL INCOME** : **RM** \_\_\_\_\_  
**GRAND TOTAL** : **RM** \_\_\_\_\_

**C. DETAILS OF CHILDREN BELOW FOUR (4) YEARS OLD AT IIUM EDUCARE**

<b>NO</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>

**D. DECLARATION**

I, ..... (full name) hereby  
declare that all the information given herein is true.

Signature : ..... Date : .....

*Note*

*The subsidy is subject to approval of the University in accordance with the policy currently in force.*

**E. RECOMMENDATION BY THE HEAD OF DEPARTMENT**

**\*RECOMMENDED / NOT RECOMMENDED**

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**SIGNATURE** : .....

**NAME** : .....  
*(OFFICIAL STAMP)*

**DATE** : .....

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**FOR SECRETARIAT'S USE ONLY**

**DATE RECEIVED** : \_\_\_\_\_

**EDUCARE FEE** : **RM** \_\_\_\_\_

**SUBSIDISE AMOUNT** : **RM** \_\_\_\_\_

**DATE OF SALARY INCREMENT** : \_\_\_\_\_