



OFFICE OF HEALTH & WELLNESS CENTRE
Ground Floor, Education Building, IIUM, Jalan Gombak
Tel: 03-6196 4444/5817 Fax: 03-6196 4840

**HEALTH & WELLNESS CENTRE
GUARANTEE LETTER**

I would like to apply for the Guarantee Letter. I also agree for the University to deduct my salary / self-paying (if any) as stipulated in the IIUM Staff Benefit Scheme.

Name of the staff : _____

Staff No. : _____ K/C/D/I/O: _____

IC/Passport : _____

Salary Grade : _____ Contact No. : _____

Position : _____

Name of Patient : _____

Relationship : _____

Name of Hospital : _____

Supporting Document: _____

Thank you. Wassalam

(Signature of Applicant)

Date: _____

- *Please take note that this GL is issued only to Government Hospital is valid for 1 (one) visit only.*
- *Kindly attach with copy of appointment card or referral letter by hospital or IHWC Clinic.*