CHECKLIST FOR THE RETENTION OF NAME (RON)

NO	ITEMS			PLEASE TICK (√) WHICH IS APPLICABLE		
				YES	NO	REMARKS
1	Use the correct RON form BKJ-BOR-DAF/APC-03 Pin 1/2023					
2	Required Documents:					
	2.1	First time application				
		2.1.1	A copy (1) of the Certificate of Registration (Fifth Schedule)			
		2.1.2	A copy (1) of the official resignation letter from the current employer if having APC in the current year or a year before the date of application.			
		2.1.3	A copy (1) of the resignation letter from Public Service Department (for government staff) JPA			
		2.1.4	A copy (1) of the pension letter/pensioner's card for retirees			
		2.1.5	A copy (1) of the offer letter from the university (for those who continue their studies)			
		2.1.6	A copy (1) of the employer's official letter regarding sick leave notification			
	2.2	Renewal application ● A copy (1) of the Certificate Of Registration				
3	Allowed number of years to apply Applicant can only apply for a maximum of 3 years including the current year.					
4.	Fee payment:					
	4.1	RM 25 per year for Registered Nurses				
	4.2	RM 10 per year for Community Nurses and Assistant Nurses				
	4.3	Payment method : Bank Draft or Money Order in the name of the: **The Secretary, Malaysia Nursing Board**				
	4.4	The ORIGINAL Bank Draft or Money Order slip must be included with the application form.				
5.	Prepaid Envelope: Include an S or M sized **POS MALAYSIA** prepaid envelope self-addressed, with a tracking number slip (Consignment Note) to return the processed documents to the applicant					
6.	Letter of representation to collect documents on behalf of the applicant at the Malaysia Nursing Board (Refer to Appendix A)					
7.	Application should be sent to: KEMENTERIAN KESIHATAN MALAYSIA Lembaga Jururawat Malaysia Aras 3, Block E7, Kompleks E, Presint 1, Pusat Pentadbiran Kerajaan Persekutuan 62590 PUTRAJAYA					
8.	Any inquiries: Individual application : 03-88833561 Application through the agency : 03-88833553					

KEMENTERIAN KESIHATAN MALAYSIA
(Ministry Of Health Malaysia)
LEMBAGA JURURAWAT MALAYSIA
Aras 3, Blok E7, Kompleks E, Presint 1,
Pusat Pentadbiran Kerajaan Persekutuan,
62590 PUTRAJAYA
MALAYSIA

Telefon : 03-8000 8000
Website : https://hq.moh.gov.my/nursing

APPLICATION FOR RETENTION OF NAME (RON)

Name: (As per NRIC or Passport)			
NRIC No:		Passport No:	
Registration No:		Date of Registration:	
Email:		Mobile Phone No:	
Applicant's Mailing Address: (In Malaysia)			

Please tick (√) for verification.	Payment per year x total year apply	Application Year	Total Payment
☐ Registered Nurse	RM 25 x ..... year		RM
☐ Community Nurse	RM 10 x ..... year		RM
☐ Assistant Nurse	RM 10 x.....year		RM
		Total Payment	RM

Reason For Application:	Please tick (√)	Please Specify:
Study in oversea		Country:
Working Overseas		Country:
Working in Different Fields		Type of work:
Long Medical Leave		Disease:
Pensioner		
Not Working		
Other		

Mode of Collecting Document : By Post ☐ Self-Collect ☐ Representative ☐

Date:	Signature of Applicant:

Lampiran A

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To

Secretary
Lembaga Jururawat Malaysia
Aras 3, Blok E7, Kompleks E, Presint 1
Pusat Pentadbiran Kerajaan Persekutuan
62590 Putrajaya
MALAYSIA

Date : :…….

Tuan.

LETTER OF APPOINTMENT FOR PICK UP DOCUMENTS IN MALAYSIA NURSING BOARD (MNB)

I ----------IC / Passport number ……..

hereby appoints a representative as below to manage the collection of documents at MNB on my behalf.

Representative name	
No IC / Passport	
Representative Address	
Relationship with the applicant	
Representative phone number	

(The appointed representatives must show a vallid identification document when collecting documents)

I am fully responsible for this appointment and will not make any claims to MNB if there are any related problems that arise.

Thank you

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