CHECKLIST FOR VERIFICATION OF TRANSCRIPT (VOT) APPLICATION

NO	ITEMS		PLEASE TICK (√) WHICH IS APPLICABLE		
			Yes	**No**	**REMARKS**
1	Use the correct VOR form BKJ-BOR-DAF/APC-05 Pin 1/2023				
2	Required Documents				
	2.1	A copy (1) of the Nurse Registration Certificate (Fifth Schedule)			
	2.2	A copy (1) certified academic transcript that includes details of theory and practical credit hours with CGPA.			
3	Fee payment				
	3.1	RM 30 for each registration confirmation			
	3.2	Payment method : Bank Draft or Money Order in the name of the: **The Secretary, Malaysia Nursing Board**			
	3.3	The ORIGINAL Bank Draft or Money Order slip must be included with the application form.			
4	Prepaid Envelopes: 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				
5	Sending documents in hard copy to Nursing Board/Council abroad. Please make a note on the application form for the purpose of sending the document and MNB will contact the applicant by email				
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 VERIFICATION OF TRANSCRIPT (VOT)

Name: (As per NRIC or Passport)			
NRIC No:		Passport No:	
Registration No:		Date of Registration:	
Email address:		Mobile Phone Number	
Applicant's Mailing Address: (In Malaysia)			
The full address and Email address of the intended place of registration (Nursing Board / Council abroad):			

Please tick (√) Verification of Transcript	Registration No	Training Institution	Training Period	Payment RM 30.00 / each
☐ PHD				RM
☐ Master				RM
☐ Bachelor				RM
☐ Diploma				RM
☐ Midwife				RM
☐ Post Basic				RM
			Total Payment	RM

Mode of Collecting Document**:**	Please tick (√) which is applicable By Post ☐ Self-Collect ☐ Representative ☐
Hard copies to send to Nursing Boards / Council abroad : Yes ☐ No ☐	
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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