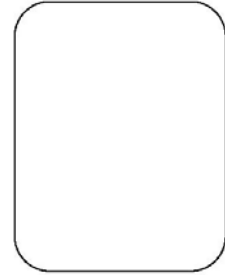




# SOCIETY OF COSMETIC SCIENTISTS OF MALAYSIA

Application for admission as a member of SCSMY



Please complete it by using **BLOCK CAPITALS**. *Incomplete application will be automatically rejected.*

## I. PERSONAL PARTICULARS

Full Name (as per I.C./Passport): \_\_\_\_\_  
(\*Prof./Dr./Mr./Mrs./Miss) (The Name Shall include aliases and/or Chinese Characters – If Any)

I.C. No. / Passport No.:	_____	Citizenship	_____
Date of Birth :	_____	Place of Birth:	_____
Sex:	_____	Race :	_____
Marital Status:	_____	Occupation :	_____
Email :	_____	Mobile :	_____

Present Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_

Present Residential Address : \_\_\_\_\_  
\_\_\_\_\_

Tel : \_\_\_\_\_

Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

Tel : \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Employment Status : Which of the following best describes your current employment status?  
Employed  Self-employed  Unemployed   
Retired  Student

Company/Employer Activity Manufacturing  Consultation  Laboratory  Education   
R&D  Trading  Service   
Other (please specify)  
\_\_\_\_\_

**II. TRAINING, EDUCATION & ACADEMIC QUALIFICATIONS** (The most recent one first)

<i>Name of Institution</i>	<i>Year</i>	<i>Subject</i>	<i>Grade</i>	<i>Remarks</i>

*Note : Please attach certified true copy of the certificate*

**III. HIGHER EDUCATION - GRADUATE STUDIES (If Applicable)**

<i>Name of Institution</i>	<i>Year</i>	<i>Major Subject</i>	<i>Grade</i>	<i>Remarks</i>

*(Give detailed results for each year, if available, and state degree obtained with class of honours and date of graduation. If your degree is a pass degree state whether your university provided honours degree or not when you graduated.)*

**IV. POST GRADUATE STUDIES (If Applicable)**

<i>Name of Institution</i>	<i>Year</i>	<i>Degree</i>	<i>Field of Research</i>

*Note : Please attach certified true copy of the certificate or any proof.*

**V. EXPERIENCE**

*Experience since graduation / after training / after school*

<i>Position</i>	<i>Nature of Appointment or Duties</i>	<i>Employer / Name of Organisation</i>	<i>Periods (Dates)</i>

*Note : Please attach Letter of Appointment / Employment Contract / Employer's Letter of Confirmation*

**VI. PROFESSIONAL QUALIFICATIONS (If Applicable)**

<i>Membership of Professional / Organisations</i>	<i>Name of Professional Organisation</i>	<i>Grade of Membership</i>	<i>Date of Admission</i>

*Note : Please attach certified true copy of the membership certificate.*

## VII. SCIENTIFIC CONTRIBUTION / OTHER RELEVANT INFORMATION (If Applicable)

List out the scientific thesis produced and other works published. Describe in detail your experience in cosmetic science, your scientific and technological achievements, the responsibilities of your present employment in relation to the size and structure of your organisation. Please give any other information which will indicate your professional maturity and responsibility.

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(If space is insufficient, additional information may be typewritten on a separate sheet.)

**Note : Please attach proof of contribution**

## VIII. PROPOSER / SECONDER

Name of Proposer & Membership No.	Name of Seconder & Membership No.
Signature	Signature

**Note : Please ensure that your Proposer and Seconder hold valid Society Memberships**

### Declaration :

I enclosed herewith the following enclosures for your consideration and records:-

- (i) 1 photocopy \* I.C. (front & back) / Passport (Full Set)
- (ii) 2 Recent Passport Sized Photographs
- (iii) Certified true copy of the certificates

I further understand that application will be deemed incomplete unless accompanied by the above enclosures.

I confirm that all the above particulars and enclosures are true and correct. I understand that the Society need the fullest possible particulars myself in order to ascertain my suitability for admission as a member of the Society.

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Signature of the Applicant

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Date :

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**For Official Use**

1. *Date application received:* .....

2. *Application No.:* .....

3. *Fees Received:* .....

\* Cheque / Postal Order / Money Order / Draft No.:

(\* Please tick whichever is applicable)

4. *Date referred to referees:* .....

5. *Date considered by Council:*.....

6. *Grade of membership approved by Council :*.....

7. *Date applicant notified:* .....

8. *Membership Certificate No :*.....