**BKJ-BOR-DAF/APC-03 Pin. 1/17**

Secretary,

Nursing Board Malaysia, Ministry of Health Malaysia,

Level 3, Block E7, Parcel E, Presint 1, Federal Government Administrative Centre, 62590 Putrajaya,

Malaysia.

# APPLICATION FOR RETENTION OF NAME ( RON )

## PERMOHONAN PENGEKALAN NAMA

1. Full Name :

*Nama Penuh*

1. Mailing Address : MELORITA HEALTHCARE

*Alamat* SUITE 802, LEVEL 8, MENARA AMCORP, PUSAT PERDAGANGAN AMCORP,

*surat-menyurat*  NO.18, JALAN PERSIARAN BARAT.

Postcode/*Poskod* : 46050 City/*Bandar :* PETALING JAYA

State*/ Negeri* : SELANGOR

1. Mobile Phone No : 03-79542764 House Phone :

*Tel. Bimbit Tel. Rumah*

1. Email/*Eme* :
2. NRIC/*No.KP Baru* : Passport No. :
3. Nursing Board Registration No. : Registration Date :

*No. Daftar Lembaga Jururawat Tarikh Daftar*

# Application for RON can be applied for a maximum of 3 (Three) years from current year.

## Permohonan untuk pengekalan nama hanya boleh dipohon untuk maksima tiga tahun dari tahun semasa.

1. Complete below details*/ Lengkapkan maklumat di bawah:*

|  |  |  |  |
| --- | --- | --- | --- |
| Designation / *Jawatan*Please tick/ *Sila tanda (√ )* | Payment per year x total year apply*Bayaran setahun x jumlah tahun dipohon* | Apply From ….. till ….. /*Mohon pada ….. hingga**…..* | Total Payment in Bank Draft@Postal Order*Jumlah Bayaran dalam bentuk Draf Bank@ Wang Pos* |
| √ Registered Nurse*Jururawat Berdaftar* | RM 25 x year/ *tahun* |  | **RM:** |
| Community Nurse*Jururawat Masyarakat* | RM 10 x year/ *tahun* |  | **RM:** |
| Assistant Nurse*Penolong Jururawat* | RM 10 x year/ *tahun* |  | **RM:** |

1. Reason / *Sebab:* **Please tick / *Sila tanda √***

√

|  |
| --- |
| a) Study / *Belajar* |
| b) Not working / *Tidak bekerja* |
| c) Working overseas / *Bekerja di luar Negara* |
| d) Pension / *Bersara* |

e) Others & specify/ *Lain-lain & nyatakan*

1. **Checklist/ *Senarai Semak* : Please tick/ *Sila tanda √***
2. Attach a copy of **Registration Certificate** / previous **RON** document.

√

*Lampirkan sesalinan* ***Sijil Perakuan Pendaftaran Jururawat*** */* ***Surat Pengekalan Nama*** *yang terakhir.*

# Bank Draft/ Postal Order in Ringgit Malaysia payable to: Secretary Malaysian Nursing Board

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***Bank Draf / Wang Pos*** *dalam* ***Ringgit Malaysia*** *bayar kepada :* ***Setiausaha Lembaga Jururawat Malaysia***

**\*Note / *Nota***: For applicant not employed since graduation, must retain his/her name from the registration date.

*Pemohon yang tidak bekerja semenjak tamat latihan, perlu mengekalkan nama mulai dari tarikh pendaftaran.*

Date/*Tarikh* : ……………………….. Signature/ *Tandatangan*:……………………………...