



TABUNG KUMPULAN WANG BIASISWA NEGERI SELANGOR

PENGESAHAN PEMASTAUTIN

BAHAGIAN A

NAMA BAPA/ PENJAGA:	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/>
NO. K.P / PASPORT :	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/>
NAMA IBU :	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/>
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NAMA PELAJAR :	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/>
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ALAMAT RUMAH :	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/>
POSKOD :	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/>
TEMPOH MASTAUTIN :	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> Tahun
DUN :	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/>
MUKIM & DAERAH :	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value=""/>

BAHAGIAN B: PERAKUAN PENGESAHAN PEMASTAUTIN

Saya _____ No KP _____ mengesahkan bahawa maklumat pemastautin di atas selaku _____ adalah BENAR.

Tandatangan, Nama dan Cop Rasmi
ADUN/ Ketua Kampung / Penghulu / Pengurus JKKK / Ketua Blok



TABUNG KUMPULAN WANG BIASISWA NEGERI SELANGOR

PENGESAHAN PENDAPATAN

BAHAGIAN A

(BAHAGIAN INI PERLU DILENGKAPKAN SEKIRANYA BAPA BEKERJA SENDIRI /TIADA MAJIKAN)

NAMA BAPA/PENJAGA:

NO. K.P / PASPORT :

PEKERJAAN : _____

PENDAPATAN : _____ sebulan

BAHAGIAN B

(BAHAGIAN INI PERLU DILENGKAPKAN SEKIRANYA IBU BEKERJA SENDIRI /TIADA MAJIKAN/SURIRUMAH)

NAMA IBU :

NO. K.P / PASPORT :

PEKERJAAN : _____

PENDAPATAN : _____ sebulan

BAHAGIAN C: PERAKUAN PENGESAHAN PENDAPATAN

Saya _____

No KP

- -

selaku _____

mengesahkan bahawa maklumat penama di atas adalah

BENAR.

Tandatangan, Nama dan Cop Rasmi

ADUN/ Ketua Kampung / Penghulu / Pengerusi JKKK / Ketua Blok