



UNIVERSITI  
MALAYSIA  
KELANTAN

UMK/B02.00/16/2022

Tarikh Kuatkuasa: 27 Jun 2022

**BORANG PERMOHONAN SEBAGAI KLINIK PANEL UMK  
APPLICATION FORM AS A PANEL CLINIC UMK**

PEJABAT PENDAFTAR  
REGISTRAR OFFICE

**BAHAGIAN A (PROFIL KLINIK)  
PART A (PROFILE CLINIC)**

Sila tandakan (✓) yang mana berkenaan / Tick (✓) where applicable

1. Nama Klinik / Clinic Name : \_\_\_\_\_

2. Alamat /Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Jenis Pemilikan Kedai:  Sewaan/ Rental  
Type of Store Ownership  Community Verified icon  
 Lain-lain (Nyatakan: \_\_\_\_\_ )  
Others (Please State)

4. Jenis Pemilikan Klinik:  Pemilikan Tunggal / Sole ownership  
Type of Clinic Ownership  Perkongsian/ Sharing  
 Lain-lain (Nyatakan: \_\_\_\_\_ )  
Others (Please State)

(Sila lampirkan salinan Borang B/ F (Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998))  
Please attach a copy of Form B/ F (Private Healthcare Facilities and Services Act 1998)

5. Jenis Klinik:  Klinik Perubatan Umum/ General Medicine Clinic  
Type of Clinic  Klinik Perubatan Pakar/Specialist Medical Clinic  
(Nyatakan: \_\_\_\_\_ )

6. Doktor yang Bertugas\*: \_\_\_\_\_  
Doctor on Duty\*

Bil.	Nama/ Name	No. Majlis Perubatan Malaysia / Malaysian Medical Council Number

7. *Staff Information*

Bil.		

8. No. Telefon  
Telephone Number :

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9. Emel/ *Email* :

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10. Waktu Operasi:  
*Operation Time*

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**BAHAGIAN B (MAKLUMAT PEMILIK)**  
***PART B (OWNER INFORMATION)***

1. Nama/ *Name* :

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2. No. Kad Pengenalan :  
*Identification card number*

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3. No. Telefon:  
*Telephone Number*

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4. Emel / *Email* :

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(Sila lampirkan bersama salinan kad pengenalan, Perakuan Pendaftaran Penuh dan Perakuan Amalan Tahunan (APC) tahun Semasa)/ *Please enclose a copy of identity card, Certificate of Full Registration and Annual Practice Certificate (APC) of the current year*

**BAHAGIAN C (KEMUDAHAN KLINIK)**  
**PART C (CLINICAL FACILITIES)**

Sila tandakan (√) yang mana berkenaan/ *Tick (√) where applicable*

**1. Peralatan Perubatan/ *Medical equipment***

- a. Mesin Ultrasound   
*Ultrasound Machine*
- b. Mesin Electrocardiography   
*Electrocardiography Machine*
- c. Kemudahan Ujian Klinikal   
*Clinical Testing Facility*
- d. Mesin X-Ray   
*X-Ray Machine*

- e. Lain-lain\*:  
*Others* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Kemudahan Rawatan yang Disediakan dan Kadar Bayaran\***  
***Treatment Facilities Provided and Fee Rates\****

<b>Bil.</b>	<b>Perkara/ <i>Matters</i></b>	<b>Harga/ <i>Price (RM)</i></b>

**Nota/ *Notes* :**

\* Sila buat lampiran jika ruangan yang disediakan tidak mencukupi/ *Please make an attachment if the space provided is not enough*