

	MAKNA Majlis Kanser Nasional BG 03A & 05, Ground Floor Megan Embassy, 225, Jalan Ampang 50450 Kuala Lumpur, MALAYSIA Tel: 603-2162 9178 / 79 Fax : 603-2162 9203 Website: www.makna.org.my Email: makna@makna.org.my	Tarikh kes di rujuk <i>Issue date</i>
	Borang Permohonan “Bursary” / Bursary Requisition Form	

1) Jenis Permohonan / *Type of Requisition:*

2) Nombor Rujukan Hospital / *Hospital References No:*

3) Permohonan Lanjutan/Ulangan (Tahun & Jenis Bantuan Diterima) / *Review Cases (Year & Type of Assistance)*
Sila tandakan yang berkenaan / Please tick the following below

Kes baru / *New case*

Kes ulangan / *Review case.*

Tahun penerimaan bantuan / *Year received the assistance:* _____

Hospital / *Hospital:* _____

4) Butir-Butir Peribadi / *Personal Particular:*

Nama <i>Name</i>					
Tarikh Lahir <i>Date Of Birth</i>		Jantina <i>Gender</i>	<input type="checkbox"/> Lelaki / <i>Male</i> <input type="checkbox"/> Perempuan / <i>Female</i>		
No. Kad Pengenalan <i>NRIC</i>			Umur <i>Ages</i>		
Alamat Rumah <i>Address</i>					
	Poskod <i>Postcode</i>		Daerah <i>City</i>		Negeri <i>State</i>
No. Telefon Rumah <i>Phone No. (House)</i>					
No. Telefon Bimbit <i>Hand Phone No</i>					
Status Perkahwinan <i>Married Status</i>			Status Pendidikan <i>Education Status</i>		
Bangsa / Races (Sila tanda ✓ / <i>Pls</i> ✓)	Melayu / <i>Malay</i>		India / <i>Indian</i>		
	Cina / <i>Chinese</i>		Lain-lain / <i>Other</i> (Sila tulis / <i>Pls Write</i>)		

Agama / <i>Religious</i> (Sila tanda ✓ / Pls ✓)	Islam / <i>Islam</i>		Hindu / <i>Hinduism</i>	
	Buddha / <i>Buddhist</i>		Lain-lain / <i>Other</i> (Sila tulis / <i>Pls Write</i>)	
Pekerjaan <i>Occupation</i>			Gaji <i>Salary</i>	RM

Nama Majikan <i>Name Of Employers</i>	
Alamat Majikan atau Cop Rasmi <i>Address Employers or Official Stamp</i>	

***Jika tidak bekerja / If not working**

Pekerjaan terdahulu <i>The previous job</i>			
Di tanggung oleh / <i>Supporter</i> (Nama / <i>Name</i>)			
No. Kad Pengenalan <i>NRIC</i>		Umur <i>Ages</i>	
No. Telefon Bimbit <i>Hand Phone No</i>			
Pekerjaan <i>Occupation</i>		Gaji <i>Salary</i>	RM
Hubungan <i>Relationship</i>		Bil. Tanggungan <i>No. of dependent</i>	

5) Latar Belakang Keluarga / *Family Background*

i) Latar Belakang Ibu Bapa / *Parent Background*

	Bapa / <i>Father</i>	Ibu / <i>Mother</i>	Suami/Isteri <i>Husband / Wife</i>
Nama / <i>Name</i>			
Umur / <i>Ages</i>			
No. Kad Pengenalan / <i>NRIC</i>			
Pekerjaan / <i>Occupation</i>			
Gaji / <i>Salary</i>			

ii) Latar Belakang Adik-Beradik / *Siblings Background*

Nama <i>Name</i>	Umur <i>Ages</i>	Jantina <i>Gender</i>	Status Perkahwinan <i>Marital Status</i>	Pekerjaan/Sekolah <i>Occupation/School</i>	Gaji <i>Salary</i>	Nota Tambahan <i>Remarks</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

iii) Latar Belakang Anak- Beranak / *Children Background*

Nama <i>Name</i>	Umur <i>Ages</i>	Jantina <i>Gender</i>	Status Perkahwinan <i>Marital Status</i>	Pekerjaan/Sekolah <i>Occupation/School</i>	Gaji <i>Salary</i>	Nota Tambahan <i>Remarks</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

iv) Latar Belakang Ahli-Ahli Keluarga Yang Tinggal Serumah
Background of Family Member Who Live In Same House

Nama <i>Name</i>	Umur <i>Ages</i>	Jantina <i>Gender</i>	Status Perkahwinan <i>Marital Status</i>	Pekerjaan/Sekolah <i>Occupation/School</i>	Gaji <i>Salary</i>	Nota Tambahan <i>Remarks</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

v) Latar Belakang Ahli-Ahli Keluarga Yang Tidak Tinggal Serumah
Background of Family Member Who Does Not Stay Together

Nama <i>Name</i>	Umur <i>Ages</i>	Jantina <i>Gender</i>	Status Perkahwinan <i>Marital Status</i>	Pekerjaan/Sekolah <i>Occupation/School</i>	Gaji <i>Salary</i>	Nota Tambahan <i>Remarks</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

6) Maklumat Pendapatan Dan Perbelanjaan / *Income and Expenditure Details*

Pendapatan <i>Income</i>	Ringgit Malaysia / Sebulan <i>RM / Per Month</i>	Perbelanjaan <i>Expenditure</i>	Ringgit Malaysia / Sebulan <i>RM / Per Month</i>
Gaji Daripada Pekerjaan <i>Salary From Employment</i>		Sewa / Bayaran Rumah <i>Rent / Pay House</i>	
Perniagaan,/Aset/ Lain-lain <i>Business/Asset/Etc</i>		Bayaran Utiliti <i>Utility Expenses</i>	
Sumbangan Ahli Keluarga <i>Contribution From Family@ Relatives</i>		Persekolahan Anak-Anak <i>Expenses Children's Schooling</i>	
Simpanan / <i>Saving (ASB, Tabung Haji, dll)</i>		Saraan Diri / Keluarga <i>Self/ Family Expenses</i>	
Pencen Ilat (SOCISO), KWSP (Jika ada) / <i>(If Any)</i>		Tanggungan Hutang <i>Debt</i>	
Bantuan-bantuan lain yang diterima (Sila Nyatakan) <i>Other income (Please State) (JKM/ Church/ Majikan/ dll)</i>		Tanggungan-tanggungan lain (Sila nyatakan) <i>Other Expenses (Please State)</i>	
Jumlah Pendapatan <i>Total Of Income</i>		Jumlah Perbelanjaan <i>Total Of Expenditure</i>	
Baki Pendapatan / <i>Balance Of Income: RM</i>			

7) Keadaan Tempat Tinggal / *Accommodation Condition*

Status Kediaman <i>Status Accomodation</i>	✓	Jenis Rumah <i>Type Of Accomodation</i>	✓	Kemudahan Asas <i>Amenity Of Ground</i>	✓
Sendiri / <i>Own</i>		Kayu / <i>Wood</i>		Telefon/ <i>Phone</i>	
Sewa Bilik <i>Rental</i>		Kayu+Batu <i>Wood+Concrete</i>		Telefon Bimbit/ <i>Handphone</i>	
Majikan/ <i>Employer</i>		Batu/ <i>Concrete</i>		Peti Sejuk/ <i>Refrigeratory</i>	
Menumpang / <i>Squatting</i>		Pangsapuri / <i>Flat</i>		Televisyen/ <i>Television</i>	
Pusaka / <i>Heritage</i>		Teras Kos Serdehana / <i>Terrace House Middle Cost</i>		Dapur Gas/ <i>Kitchen</i>	
Bantuan *PPRT / <i>Assistance PPRT</i>		Rumah Berkembar <i>Double Storey House</i>		Elektrik/ <i>Electric</i>	
Lain-lain/ <i>Other</i>		Kondominium/ <i>Condominium</i>		Air Paip/ <i>Paip Water</i>	
		Lain-lain/ <i>Other</i>		Lain-lain/ <i>Other</i>	

Maklumat Tambahan / *Other details about accommodation condition.*

* PPRT = Program Pembangunan Rakyat Termiskin

8) Maklumat Pengangkutan & Kos/tambang Ulang-alik (*Details of Transportation*):

Jarak Dari Rumah Ke Hospital (KM/Jam) <i>Distance from house to hospital(Miles/hour)</i>	
Jenis Pengangkutan <i>Mode of Transportation</i>	
Kos / Tambang Ulang – Alik <i>Cost of Transportation (per person)</i>	
Maklumat-Maklumat Lain (Jika ada) <i>Other Details (if any)</i>	

9) Permasalahan Klien / *Client's Problem*

10) Ulasan penilaian pegawai kerja sosial perubatan / *Evaluation summary of medical social worker.*

11) Maklumat Tambahan / *Other details about recommendation.*

12) Jenis bantuan yang diperlukan (Sila tandakan) / *Type of assistance that needed (Please tick)*

- Bantuan kewangan bulanan (pemegang akaun adalah bukan pesakit)
/ *Financial assistance (the owner of the account is not the patient)*
[\(Sila isi Borang A\)](#)
- Bantuan peralatan perubatan / *Equipment assistance*
[\(Sila isi Borang B\)](#)
- Bantuan bulanan susu / *Milk assistance*
[\(Sila isi Borang C\)](#)
- Bantuan peralatan pembedahan / *Operation equipment assistance*
[\(Sila isi Borang D\)](#)
- Bantuan ubat NFD (Non Formulary Drug) / *NFD assistance*
[\(Sila isi Borang E\)](#)
- Lain-lain bantuan (Sila nyatakan) / *Other assistance (Please state)* _____

13) Maklumat Pembayaran / *Payment Detail*

i) Pesakit / *Patient*

Nama Akaun Penerima <i>Account Name</i>	
Nombor Akaun <i>Account Number</i>	
No. Kad Pengenalan <i>IC. Number</i>	
Bank <i>Bank</i>	

Sekiranya **pemegang akaun bukan pesakit**, sila isi surat perakaun penerimaan bantuan MAKNA (BorangF) /
If the account possessor is not the patient, please fill Borang F

(*Nota penting: Sila kembalikan **Borang F** kepada MAKNA / *Please return the form to MAKNA*)

14) Pengesahan / *Verify*

Tandatangan / *Signature* : _____

Nama Penuh / *Full Name* : _____

Tarikh / *Date* : _____

Cop Jabatan / *Department Cop* : _____

Dokumen perlu dilampirkan / Enclosed Document

1. *SYARAT WAJIB / Term and regulation

Menggunakan borang permohonan Bursary yang lengkap / *Use a completed Bursary Requisition form.*

2. Fotostat Kad Pengenalan (pesakit, pasangan, penanggung) @ Surat beranak @ Passport pesakit (jika perlu)
/ *Photocopy of IC(patient, spouse) @ Birth certificate @ Patient passport (if any)*
3. Fotostat Buku Akaun jika diperlukan / *Photocopy of Account Passbook if necessary.*
*Sekiranya kes ulangan, salinan penyata buku akaun untuk tempoh 1 tahun diperlukan
/ *If review case, copy of statement of account for 1 year period is needed.*
4. Dokumen yang berkaitan / *Relevant documents.*
5. Sebut harga jika diperlukan / *Quotation if necessary.*
6. Slip gaji (Kerajaan @ Swasta) / *Salary slip (Government @ Private)*
7. Gambar Pesakit / *Photo of patient*

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	Borang Perakuan Rawatan / <i>Treatment Declaration Form</i>	

Nama Penuh <i>Full Name</i>	
No Kad Pengenalan / <i>NRIC</i>	
Jenis Penyakit <i>Diagnosis</i>	
Prognosis <i>Prognosis</i>	
Latar Belakang & Keadaan Penyakit <i>Background & current condition of patient</i>	
Rawatan Terkini <i>Current treatment</i>	
Kekerapan rawatan/ Susulan <i>Frequency for treatment/ Follow up</i>	
Jenis Bantuan yang diperlukan (Ubat-ubatan / Alatan Pembedahan / Alatan Perubatan / Kewangan) <i>Type of assistance needed (Medicament / Operation equipment / Medical equipment / Financial)</i>	
Komen-Komen Lain <i>Other comments</i>	

Tandatangan / *Signature* : _____

Nama Penuh / *Full Name* : _____

Tarikh / *Date* : _____

Cop Rasmi/ *Official Cop* : _____