


USER MANUAL SL1M GRADUATE TALENT PROGRAM

GUIDELINES

1. Visit <http://sl1m.pns.com.my/> to get to Registration Form of SL1M Graduate Talent Program
2. Please fill in the details below.

Note : (*) Denotes the required field.

SL1M GRADUATE TALENT PROGRAM
* Required



SHAH LATHAN & MALAYSIA

APPLICANT'S INFORMATION

NAME *

GENDER *
 FEMALE
 MALE

LIC NO. *

MARITAL STATUS *

DATE OF BIRTH *

RELIGION *

CONTACT DETAILS

TEL NO (H)

3. Please fill in the academic details required.

SL1M GRADUATE TALENT PROGRAM
* Required



SHAH LATHAN & MALAYSIA

EDUCATION BACKGROUND

>> ACADEMIC QUALIFICATION

BACHELOR'S DEGREE NAME *

MAJOR

UNIVERSITY *

FINAL RESULT / CGPA / GRADE *
Please bring along your transcript result during interview

YEAR

CONVOCAATION DATE *

>> SECONDARY QUALIFICATION - SPM RESULT

NAME OF SCHOOL *

BAHASA MELAYU (GRADE) *

ENGLISH (GRADE) *

50% completed

4. Please fill in working/internship experience.

The screenshot shows a form titled "WORKING EXPERIENCES / INTERNSHIP" with the SLIM logo at the top right. The form is divided into two sections for "ORGANISATION 1" and "ORGANISATION 2". Each section contains fields for "ORGANISATION NAME", "START DATE", "END DATE", "POSITION HELD", and "LENGTH OF SERVICE". Below these sections is a "HEALTH CONDITION" section with a dropdown menu for "MEDICALLY FIT TO UNDERTAKE THIS PROGRAMME", a text field for "IF NO, PLEASE STATE", a dropdown menu for "ANY PREVIOUS ILLNESS", and a text field for "IF YES, PLEASE STATE". At the bottom, there are "Back" and "Continue" buttons, a progress bar, and a "75% completed" indicator.

5. Please fill in family details required.

The screenshot shows a form titled "FAMILY DETAILS" with the SLIM logo at the top right. The form is divided into two sections for "FATHER'S / GUARDIAN'S NAME" and "MOTHER'S / GUARDIAN'S NAME". Each section contains fields for "FATHER'S NAME / GUARDIAN'S NAME", "AGE", "OCCUPATION", "MONTHLY INCOME (RM)", "EMPLOYER", "TEL NO (H)", and "TEL NO (HP)".

6. Please be ensured the details entered are real and true.

>> NUMBER OF DEPENDANT (S)

NUMBER OF DEPENDANT (S)

APPLICANT'S DECLARATION

I HEREBY DECLARE THAT ALL INFORMATION GIVEN ABOVE IS TRUE AND I SHALL BE DISQUALIFIED FROM THE PROGRAMME FOR PROVIDING FALSE INFORMATION *

YES

[Back](#) [Submit](#)

Never submit passwords through Google Forms. 100% You made it.

7. Click 'Submit' button after completing the form.