



KEMENTERIAN KESIHATAN MALAYSIA
(Ministry Of Health Malaysia)
LEMBAGA JURURAWAT MALAYSIA
Aras 3, Blok E7, Kompleks E, Presint 1,
Pusat Pentadbiran Kerajaan Persekutuan,
62590 PUTRAJAYA
MALAYSIA



Telefon : 03-8000 8000
Website : <https://hq.moh.gov.my/nursing>

APPLICATION FOR RETENTION OF NAME (RON)

Name: (As per NRIC or Passport)			
NRIC No:		Passport No:	
Registration No:		Date of Registration:	
Email:		Mobile Phone No:	
Applicant's Mailing Address: (In Malaysia)	Agensi Pekerjaan Melorita Sdn Bhd, Suite 802-801B, Level 8, Amcorp Trade Centre, No. 18, Jalan Persiaran Barat, 46050 Petaling Jaya, Selangor. Tel:- 603-7954 4519		
Please tick (√) for verification.	Payment per year x total year apply	Application Year	Total Payment
<input type="checkbox"/> Registered Nurse	RM 25 x year		RM
<input type="checkbox"/> Community Nurse	RM 10 x year		RM
<input type="checkbox"/> Assistant Nurse	RM 10 x year		RM
		Total Payment	RM
Reason For Application:	Please tick (√)	Please Specify:	
Study in oversea		Country:	
Working Overseas		Country:	
Working in Different Fields		Type of work:	
Long Medical Leave		Disease:	
Pensioner			
Not Working			
Other			
Mode of Collecting Document : By Post <input type="checkbox"/> Self-Collect <input type="checkbox"/> Representative <input type="checkbox"/>			
Date:	Signature of Applicant:		