



APPLICATION FOR DCAM PART-66 AML MODULE EXAMINATION

APPLICATION DETAILS					
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Nationality :	MALAYSIAN	NRIC :	930121-14-6569		
Date of birth :	21-01-1993	Employed at :	GALAXY AIRSPACE Cms SDU BLD		
Contact No. :	017-6957140	Email Address :	fazilnoorulameen@gmail.com		
Category Applied :	A1	<input checked="" type="checkbox"/> B1.1	B2	<input type="checkbox"/> Tick if first examination sitting for this category	
EXAMINATION MODULES					
Modules	<input checked="" type="checkbox"/>	Date requested	Session <input checked="" type="checkbox"/>	If Re-Exam	For DCAM use
MODULE 1	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ	
MODULE 2	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ	
MODULE 3	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ	
MODULE 4	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ	
MODULE 5	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ	
MODULE 6	<input checked="" type="checkbox"/>	20 APRIL 2022	<input checked="" type="checkbox"/> A <input type="checkbox"/> B	MCQ	
MODULE 7	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ / ESSAY	
MODULE 8	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ	
MODULE 9	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ / ESSAY	
MODULE 10	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ / ESSAY	
MODULE 11	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ	
MODULE 13	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ	
MODULE 14	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ	
MODULE 15	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ	
MODULE 16	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ	
MODULE 17	<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B	MCQ	

I wish to apply to apply the examination module(s) as indicated and confirm that the information contained in this form is correct at the time of application.

Signature :

Date : 4/4/2022