

1	DOCUMENT AUTHENTICITY		
	Issuing Authority Name: [Enter Facility full name here]		
	Candidate Name: [Enter Applicant full name here]		
	Place an <b>X</b> mark in the box to the right based on the document submitted by the candidate	Yes	No
	1.1 Is the document genuine and issued by your institution?		
If you selected <b>YES</b> , please proceed in completing section 2 and 3 only. If you selected <b>NO</b> , please continue completing section 2 and 4 of this form.			
2	VERIFIER DETAILS		
	Please enter the details of the authorized individual who provided the verification below		
	2.1 Name of Verifier		
	2.2 Designation		
	2.3 Department		
	2.4 Signature		
	2.5 Contact Number		
	2.6 Email Address		
Put your <b>seal/stamp</b> here			
3	ADDITIONAL EDUCATION DETAILS		
	Please specify the following education details based from your record.		
	3.1 Mode of Study (select one by placing an <b>X</b> mark from the mode of study provided to the right)		(a) Full Time/Active Enrollment/In-Campus
			(b) Part Time
			(c) Distance Learning
			(d) Exam-based Qualification
			(e) Online Learning

		(f) Blended Learning
		Please specify the list of subjects that were not taken In Campus, or provide the percentage (%) of subjects.
		(g) Others (Please Specify) _____
	3.2 Duration of Study (please specify length of the course, e.g. 6 months, 1 year, 2 years, 4 years)	(a) 6 months course
		(b) 1 year course
		(c) 2 years course
		(d) 4 years course
		(e) 5 years course
		(f) Others (Please Specify) _____
	3.3 Attendance From Date (specify when available)	
3.4 Attendance To Date (specify when available)		
3.5 Final Examination Date (specify when available)		
4	<b>NON-AUTHENTIC DETAILS</b>	
	<i>Place an X mark in the box before section 4.1 and 4.2 to specify why the certificate is not genuine.</i>	
		4.1 Certificate was not issued by our institution.
		<i>Please provide explanation why you deemed that the certificate was not genuine and was not issued by your institution.</i>
	4.2 Certificate was issued by our institution but detail(s) are incorrect	

	<i>Please select which detail(s) are incorrect by placing an X mark to the right of items below and then enter the correct details to the right based from your record.</i>		
	4.2.1 Qualification attained is incorrect		

### Letter of Authorization

I hereby authorize the DataFlow Group, its authorized affiliates, agents and subsidiaries acting on its behalf, to verify the information and documents presented with my application form; including, but not limited to, education, employment and licenses.

I hereby grant authority for the bearer of this letter (the DataFlow Group, its authorized affiliates, agents and subsidiaries) to obtain the information requested.

This information / documentation may contain but is not limited to grades, dates of attendance, grade point average, degree / diploma certification, employment title, employment tenure, license attained, status of the license, place of issue and any other information deemed necessary to conduct the verification of the information / documentation provided.

I hereby release all persons or entities requesting or supplying such information from any liability arising from such disclosure. I confirm and acknowledge that a photocopy of this authorization be accepted with the same authority as the original.

I acknowledge the right for the Information Recipient to disclose my information to a third party.

I acknowledge that I have read and hereby agree to the collection, use, processing and transfer of data about me in accordance with the DataFlow Group Applicant Privacy Policy, a copy of which is available on the Dataflow Group website.

([www.dataflowgroup.com/applicant-privacy-policy](http://www.dataflowgroup.com/applicant-privacy-policy))

### خطاب التفويض

انا الموقع ادناه افوض شركة داتافلو، ومن تفوضه رسمياً، للتحقق نيابة عني في المعلومات والوثائق المرفقة بطلي بما في ذلك على سبيل المثال لا الحصر على الشهادات العلمية، والخبرات الوظيفية والرخص المهنية من الجهات المصدرة لهذه الوثائق والشهادات.

وبموجب هذا التفويض، أمنح الحق لحاملي هذا الخطاب (شركة داتافلو، ومن تفوضه رسمياً لذلك). الحصول على جميع المعلومات الخاصة بي.

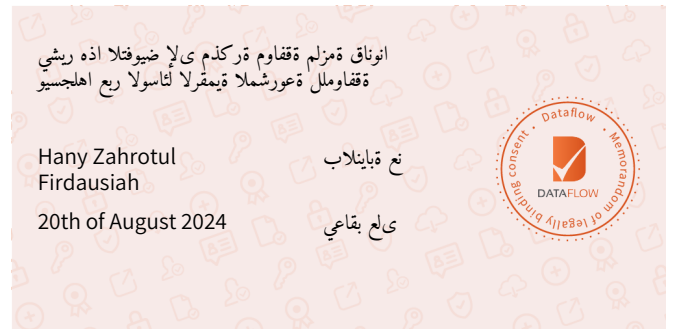
وتشمل هذه المعلومات والوثائق المطلوبة على سبيل المثال لا الحصر على تواريخ الدراسة، والمعدل التراكمي، والدرجة أو الشهادة العملية، والمسمى الوظيفي، ومدة الخدمة، والترخيص المهني، وحالة الترخيص، ومكان الإصدار، وأي معلومات أخرى ضرورية لإجراءات التحقق من المعلومات و الوثائق المقدمة من قبلي.

وأقر بأن أخلي مسؤولية جميع الأشخاص أو الجهات الطالبة لهذه المعلومات من أي مسؤولية قانونية قد تنشأ عن ذلك. وأوافق على أن تكون صورة هذا الخطاب مثل الأصل.

كما أفوض مستلم المعلومات الكشف عن هذه المعلومات إلى أي طرف ثالث ذات علاقة.

أقر بأنني قد قرأت خطاب التفويض وبهذا اوافق على ان يتم جمع واستخدام ومعالجة ونقل البيانات الخاصة بي وفقاً لسياسة الخصوصية المتعلقة بمقدمين الطلبات والتي يوجد منها نسخة متاحة على الموقع الإلكتروني.

([www.dataflowgroup.com/applicant-privacy-policy](http://www.dataflowgroup.com/applicant-privacy-policy))



No. Seri Ijazah 068/STIKes/S.Kep./I/2014

SK MENDIKNAS NO. 259/D/O/2008

**SEKOLAH TINGGI ILMU KESEHATAN KEPANJEN**  
**IJAZAH**

Diberikan kepada :  
Has conferred upon

**HANY ZAHROTUL FIRDAUSIAH**

**Tempat / Tanggal Lahir (Place and Date of Birth)** : *MALANG, 29 JANUARI 1991*  
**N. I. M (Student Registration Number)** : *10.20.321*  
**Tahun Masuk (Enrollment Year)** : *2010*  
**Program Studi (Study Program Level)** : *S1 Keperawatan*  
**Tanggal Lulus (Graduation)** : *02 Juli 2014*

Ijazah ini diberikan setelah yang bersangkutan memenuhi persyaratan yang ditentukan, dan kepadanya dilimpahkan segala wewenang dan hak yang berhubungan dengan Ijazah yang dimilikinya, serta berhak memakai gelar

**SARJANA KEPERAWATAN (S.Kep.)**

*This Bachelor completion of the required of studies, and there upon the Bachelor holder is entitled to the privileges and rights pertaining hereto, and is awarded the academic degree of* **SARJANA KEPERAWATAN (S.Kep.)**

**Ketua Prodi SI**  
*Chief of Bachelor Nursing*

*[Signature]*  
**WIWIT DWI N. S.Kep, Ners.**  
NIK. 200903009



Malang, 03 November 2014

**Ketua**  
*Chief*



*[Signature]*  
**Dr. H. ABDURRACHMAN, M.Kes.**  
NIP. 19651228199803 1 006