

Registration Form

This information you have provided will be kept confidential & used solely for communicating with you.

* Please Tick (✓) wherever appropriate

Course Applying: _____

Course Period : _____

Course Fees : _____

1. Applicant's Name : _____

2.* Marital Status: Single Married 3. Date Of Birth: _____

4.* Sex: Male Female 5. Occupation: _____

6. Passport No: _____ 7. Issue Date: _____ Expiry Date : _____

8. Race : _____ 9. Religion: _____

10. Country: _____ 11. H/P: _____ 12. Tel: _____

13. Permanent Address : _____

14. Singapore Address: _____

15. Education Background:

Name of Schools	Language of Instruction	From	To	Country	Highest Educational Qualification

16. Employment History (Chronological Order)

Name of Companies	From	To	Position Held	Country	Nature of Duties

17(i) Family Background:

Father's Name:	Mother's Name:
Father's Date of Birth:	Mother's Date of Birth:
Nationality:	Nationality:
Occupation/Monthly Salary:	Occupation/Monthly Salary:

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No	Brother(s) name/ Sister(s) Name/wife Name	Sex	Date of Birth	Remarks

Declaration

I, _____ declare that all information given by me in this registration form are true and correct and I understand that any misinterpretation or omission of information is sufficient grounds for rejecting my application. I also authorize any investigation of the above information for the purpose of verification. While I am a Student, I undertake to observe all the Statues, By-Laws and Rules of the School.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

For Office Use only

APPROVED BY:

OFFICIAL SIGNATURE&DATE:

DECLINED BY:

OFFICIAL SIGNATURE&DATE: