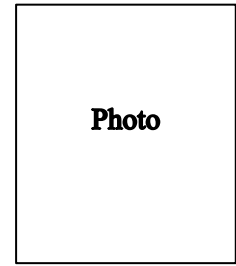




Reg. No: _____

KOLEJ ITA, SIBU

APPLICATION & REGISTRATION FORM



Intake: _____ (Month) Year: _____

Programme Enrolled: _____

A. PERSONAL PARTICULARS

Name (Eng) : _____

(Chi) : _____ IC / Passport : _____

Race : _____ Gender : _____

Nationality : _____ Religion : _____

Place of Birth : _____ Date of Birth : _____

Age : _____ Marital Status: Single Married Tel No. (Home): _____

Tel No. (H/P) : _____ Email : _____

Correspondence Address: _____

Permanent Address: _____

B. PARENT / GUARDIAN PARTICULARS

Name (Eng) : _____

(Chi) : _____ IC / Passport : _____

Family Income: _____ Relationship : _____

Race : _____ Religion : _____

Nationality : _____ Occupation : _____

Tel No. (H/P) : _____ Email : _____

Correspondence Address: _____

C. ACADEMIC BACKGROUND (Please enclose certified copies of all certificates and transcripts)

School / College Name: _____

Year: _____ Name of Last Examination: _____ City/State: _____

	Subject	Grade		Subject	Grade
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

D. ACCOMMODATION

ACCOMMODATION: Required Not Required Date Required: _____

E. SELF DECLARATION

I hereby confirm all information given in this form is complete and accurate. It is my understanding that I will not be considered for admission to Kolej ITA until I have submitted all of the required documents & Declare that I enrol and register only with Kolej ITA. I further confirm and consent to the use by Kolej ITA, without charge, my personal information (including photographs or images or recordings of the student) in any publicity and/or promotional event.

Applicant's Signature: _____ Date: _____

F. DECLARATION BY PARENT / GUANRDIAN / SPONSOR

I, _____ being the parent/guardian of the student, hereby agree to pay all fees due on the dates stipulated by the college. I have read and understood the conditions of enrolment and agreed to the terms as laid out. I also agree to allow the student to participate in all visitations, for the durations of his/her studies, with the college and will not hold the college responsible for any injuries, death, missing persons or accidents that may occur before, after or during the event.

Parent's / Guardian's Signature: _____ Date: _____

G. INTRODUCER

Name: _____ IC / Passport: _____
Company Name: _____ Contact No. : _____

H. FOR OFFICE USE

Checklist:

- | | |
|---|---|
| <input type="checkbox"/> Registration Fee | <input type="checkbox"/> Photocopies of birth certificate |
| <input type="checkbox"/> 3 Passport-sized photos | <input type="checkbox"/> Photocopies of Academic Certificates |
| <input type="checkbox"/> Photocopies of IC / Passport | |

Result of Application:

- Offer for Admission Conditioner Offer Rejected

Approved by: _____ Date: _____

Remarks: _____

Bank Account Info:	Remarks	Mailing Address:
Payable to: Oriental Everise Sdn Bhd Account no: 8009357503 Bank Name: CIMB Bank <i>*Enclose payment for the non-refundable Registration Fee of RM50(PCA) and RM200(Diploma/Bachelor)in order for your Application to be processed.</i>	Please email/fax the bank receipt to: marketing@kolejita.edu.my Fax: 084-218 512 Tel: 084-218 515	Kolej ITA Admission Department No.1-7, Lorong Chew Siik Hiong 5, CDT 117, 96000 Sibul Sarawak. ITA-REG-Ver 30/12/2019

Notes:

Please note that the College reserves the right to change its rules and regulations from time to time without notice.