



**IJN COLLEGE [IJN COLLEGE SDN BHD]**

No. 145, Jalan Tun Razak, 50400, Kuala Lumpur  
Tel: 03 2617 8200 Fax: 03- 2600 6226

**STUDENTS APPLICATION FORM**

1. Please read carefully before completing this registration form (In BLOCK CAPITALS).
2. All details must be completed.
3. Please attach copies all documentary evidence of academic and other qualifications with this form.
4. \*Please cross out where necessary.

**COURSE:** .....

**INTAKE:** .....

**A. PERSONAL DETAILS**

Full Name:		<div style="border: 2px solid black; padding: 10px;"> <p>Please affix a recent passport size photograph here.</p> </div>
Identity Card No:	Passport No:	
Date of Birth: : / / <small>Day / Month / Year</small>	Passport Expiry Date: / / <small>Day / Month / Year</small>	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	
Place of Birth:	Religion:	
Nationality:	Race:	
Correspondence Address:		
Postcode:		
Telephone No.:	Fax No.:	
Mobile-phone No.:	E-mail:	
Name of Parent/Guardian:		
Relationship:		
Correspondence Address:		
Postcode:		Country:
Telephone No.:	Fax No.:	
Mobile-phone No.:	E-mail:	
[For International Student] If you are now in Malaysia, what type of immigration pass do you hold?		
<input type="checkbox"/> Social visit <input type="checkbox"/> Student <input type="checkbox"/> Dependent <input type="checkbox"/> Diplomatic		
Expiry date of Immigration pass held: : / / <small>Day / Month / Year</small>		
Name of Guardian (Local Guardian / Contact Person In Malaysia): [Next of Kin]		
Relationship:		
Correspondence Address:		
Postcode:		
Telephone No.:	Fax No.:	
Mobile-phone No.:	E-mail:	

**B. EDUCATIONAL BACKGROUND** *School/ College/ University Attended (In Chronological Order)*

No.	Institution	Year	Examination / Achievement / Qualification
1.			
2.			
3.			
4.			
5.			

**C. ENGLISH LANGUAGE ACHIEVEMENT**

No.	Institution	Course	Date Taken / Completed	Score
1.				
2.				
3.				

**D. EXTRA-CURRICULAR ACTIVITIES**

No.	Games / Societies	Position Held	Year
1.			
2.			
3.			
4.			
5.			

**E. WORK EXPERIENCE**

No.	Company	Year		Designation
		From	To	
1.				
2.				
3.				
4.				
5.				

**F. ACCOMMODATION**

Do you require assistance in seeking accommodation?  Yes  No

If Yes, please state the type of accommodation required / preferred:

## G. FINANCIAL RESOURCE

Financial Source:  Self  Parents  Awards/ Scholarship/ Loan  Other If other, please specify:

Name of Financial Source:

Correspondence Address:

Postcode:

Country:

Telephone No.:

Fax No.:

## DECLARATION

I \_\_\_\_\_ hereby declare that all information in this form is complete and correct.

Signature : \_\_\_\_\_

Date :        /        /  
          Day        Month        Year

## FOR OFFICE USE ONLY

Received by:

Date received:

Recommended by:

Approved by:

Academic Head/ Program Leader

Principal / Registrar/ Administrator

\_\_\_\_\_  
Name / Signature

\_\_\_\_\_  
Name / Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

Firm Offer

Comments:

Conditional Offer

Reject

IJN College:

Accepted

Rejected

Date :