



# IJN COLLEGE [IJN COLLEGE SDN BHD]

No. 145, Jalan Tun Razak, 50400, Kuala Lumpur

Tel: 03 2617 8200 Fax: 03- 2600 6226

**Note:**

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.

## REGISTRATION FORM



**COURSE** : .....

**INTAKE** : .....

### PERSONAL DETAILS

<b>Full Name:</b>	
<b>Identity Card No:</b>	<b>Passport No:</b>
<b>Date of Birth:</b> :     /     / <small>Day     Month     Year</small>	<b>Passport Expiry Date:</b> /     / <small>Day     Month     Year</small>
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single
<b>Place of Birth:</b>	<b>Religion:</b>
<b>Nationality:</b>	<b>Race:</b>
<b>Correspondence Address:</b>	
	<b>Postcode:</b>
<b>Telephone No.:</b>	<b>Fax No.:</b>
<b>Mobile-phone No.:</b>	<b>E-mail:</b>
<b>Name of Parent/Guardian:</b>	
<b>Relationship:</b>	
<b>Correspondence Address:</b>	
	<b>Postcode:</b>
<b>Telephone No.:</b>	<b>Fax No.:</b>
<b>Mobile-phone No.:</b>	<b>E-mail:</b>

## DECLARATION

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

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

Date :        /        /  
                  Day        Month        Year

## FOR OFFICE USE ONLY

Registration received and checked by :  
(Principal/ Registrar/ Administrator)

Date Received:

Copy of registration form forwarded to ORGANISATION on :