



IJN COLLEGE [IJN COLLEGE SDN BHD]
 No. 145, Jalan Tun Razak, 50400, Kuala Lumpur
 Tel: 03 2617 8200 Fax: 03- 2600 6226
REGISTRATION FORM

- 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.

COURSE:

INTAKE:

A. PERSONAL DETAILS

Full Name:	
Identity Card No:	Passport No:
Date of Birth: : Day / Month / Year	Passport Expiry Date: Day / Month / Year
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:
In case of emergency contact the following person :	
Relationship:	
Correspondence Address:	
Postcode:	
Telephone No.:	Fax No.:
Mobile-phone No.:	E-mail:

Please affix a recent passport size photograph here.

B. FINANCIAL RESOURCE

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

If Awards/ Scholarship/ Loan – kindly fill in the details below

Name of Awards/ Scholarship/ Loan :

Year of Awards/ Scholarship/ Loan Conferred :

Mode of payment: Full payment Instalments

Officer In-charge:

Designation:

Telephone No.:

Fax No.:

E-mail:

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 :