



# STUDENT APPLICATION FORM

I wish to apply for ..... Tick [✓] where applicable

[ ] Certificate in Electronic & Electrical Engineering

[ ] Diploma in Electronic & Electrical Engineering

Affix Passport  
Size Photo

Intake applied for: Year 20       Month [ ] Jan [ ] Mar [ ] May  
[ ] Jun [ ] Aug [ ] Oct

Student ID:                   -                  

## SECTION 1: PERSONAL INFORMATION (PLEASE USE BLOCK LETTER) Tick [✓] where applicable

Name: \_\_\_\_\_ NRIC: \_\_\_\_\_  
(as in IC / Passport) (for Malaysian applicant only)

Race: [ ] Chinese [ ] Indian [ ] Malay [ ] Others Religion: \_\_\_\_\_ Gender: [ ] Male [ ] Female

Marital Status: [ ] Single [ ] Married Date of Birth:       -       -             Age: \_\_\_\_\_  
(DD-MM-YYYY)

Passport No.: \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Nationality: \_\_\_\_\_  
(for International applicant only)

Passport Issue Date:       -       -             Passport Expiry Date:       -       -              
(DD-MM-YYYY) (DD-MM-YYYY)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact No.: (Handphone) \_\_\_\_\_ (Home) \_\_\_\_\_ E-mail: \_\_\_\_\_

## SECTION 2: ACADEMIC QUALIFICATION

Please list all qualifications that you have attained

Qualification(s)	From (Year)	To (Year)	Name of School or College attended
(a) SPM / SPMV			
(b) STPM / A-Level / UEC			
(c) Certificate / Foundation			
(d) Others: _____			

## SECTION 3: PARENT / GUARDIAN INFORMATION

Father/Guardian's Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ Occupation: \_\_\_\_\_  
(as in IC / Passport)

Contact No.: (Handphone) \_\_\_\_\_ (Home) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ Occupation: \_\_\_\_\_  
(as in IC / Passport)

Contact No.: (Handphone) \_\_\_\_\_ (Home) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

## SECTION 4: EMERGENCY CONTACT Tick [✓] where applicable

1) In case of emergency, please contact:

**Person 1:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No.: (Handphone) \_\_\_\_\_ (Home) \_\_\_\_\_

**Person 2:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No.: (Handphone) \_\_\_\_\_ (Home) \_\_\_\_\_

2) Do you have any disability / serious illness which requires our attention? [ ] Yes [ ] No

3) If yes, please indicate type of disability / serious illness: \_\_\_\_\_

**SECTION 5: PRELIMINARY INFORMATION** Tick [ ✓ ] where applicable

How do you know about us?

- [ ] Advertisement \_\_\_\_\_ [ ] Education Fair \_\_\_\_\_
- [ ] Banner / Leaflet [ ] Telemarketing [ ] Others \_\_\_\_\_
- [ ] Friends / Introducer - Name: \_\_\_\_\_ & \_\_\_\_\_  
(For KI student only) (Student ID)

**SECTION 6: DECLARATION BY APPLICANT**

I hereby declare that the information provided and document submitted in connection with this application is true and correct. I fully understand:

1. The conditions of registration and the payment of fees policies, especially regarding payment of tuition fees should not be later than 10<sup>th</sup> of the payment month and all other fees paid are non-refundable except for the deposit.
2. Agree to abide and comply with all the rules, regulations and lawful instructions of Kojadi Institute.
3. Kojadi Institute reserves the right to change the Institute’s policies, programmes and fees at its discretion without prior notice.

(Tick [✓] to confirm all the required documents have been attached)

Malaysian Applicant

International Applicant

- |   |   |
|---|---|
| [ ] 1 certified copy of all relevant academic qualifications / examinations | [ ] 2 certified copies of all relevant academic qualifications / examinations ( with English Translation) |
| [ ] 1 copy of Identity Card   | [ ] 2 copies of passport  |
| [ ] 4 passport size photos  | [ ] 8 passport size photos  |

Please return your completed application form with payment of Registration fees, Refundable Deposit and the above required documents to Kojadi Institute, M01, Mezzanine Floor, Wisma MCA, 163, Jalan Ampang, 50450 Kuala Lumpur.

Tel No.: 603-2166 8211 Fax: 603-2166 7211 Website: [www.ki.edu.my](http://www.ki.edu.my) E-mail: [enquiry@ki.edu.my](mailto:enquiry@ki.edu.my)

Applicant’s Signature

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

**SECTION 7: FOR OFFICE USE ONLY**

**Registration Checklist**

- [ ] Completed application form
- [ ] 4 / 8 Passport size photos
- [ ] 1 copy of IC / 2 copies of passport
- [ ] Certified copy of academic qualification / examination –  
 SPM / SPMV / STPM / A-LEVEL / UEC / Other(s) \_\_\_\_\_

Remark : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counseled / Enrolled by : Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Admission processed by : Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_