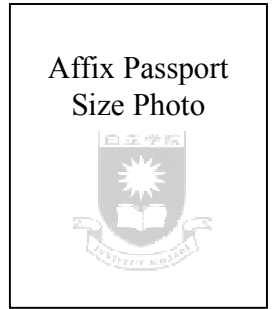




STUDENT APPLICATION FORM

I wish to apply for Tick [✓] where applicable

- Certificate of Competency in Computerised Accounting
- Beauty Therapy Programme SKM 1 & 2
- Career Certificate In Electronics SOLL - OUM
- Others: _____



Intake applied for: Year 20 | | | | Month of Intake | | | |

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 require 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 10th 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

- [] 1 certified copy of all relevant academic qualifications / examinations
- [] 1 copy of School Leaving Certificate
- [] 1 copy of Identity Card
- [] 4 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 E-mail: enquiry@ki.edu.my

Applicant’s Signature

Parent/Guardian’s Signature

Name:

Date:

Name:

Date:

* Parent / Guardian signature is required if the applicant is below 18 years old.

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: _____