



INSTITUT SINARAN [DK221(S)]

STUDENT APPLICATION FORM

Programme Applied : (please one)

GCE A-Level 18 Months			Diploma In Commerce 2 Years		Diploma In Accounting		CAT Certified Accounting Technician	
Science	January		March		March		January	
Commerce	April		August		August		March	
	August						July	

Passport Size Photo

Student Particulars:

Full Name:		Chinese Name:	
MyKad / Passport No. <i>(for International students only)</i> :			
Date of Birth: <i>(dd/mm/yy)</i>	Male / Female:	Race:	Religion:
Nationality:		Bumi / Non-Bumi: <i>(for Malaysian only)</i>	
Correspondence Address:			
Home Address: <i>(if different from correspondence address)</i>			
House Tel No:	Mobile No:	Email address: <i>(Please write clearly)</i>	
Present / Former School:		Place:	

Particulars: Parent / Guardian

Name:	Relationship with applicant:
Mobile No:	Email Address: <i>(for correspondence with the institute & to receive student academic/attendance reports)</i>
House Tel No:	
Occupation:	Name of Company / Office Address:

For office use only:

Programmes Offered:	
<input type="checkbox"/> GCE A-Level <input type="checkbox"/> Diploma in Commerce <input type="checkbox"/> CAT	Introducer Name & Signature _____
Receipt No: <input type="text"/>	Date: _____