

PLEASE USE BLOCK LETTER) Tick (√) where applicable.

### SECTION 1: PERSONAL INFORMATION

Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ Age : \_\_\_\_\_  
 Marital Status: [ ] Single [ ] Married Gender: [ ] Male [ ] Female Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

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

### SECTION 2: ACADEMIC QUALIFICATION

Please list all School / College / Qualifications that you have taken.

Qualification(s)	Year	Institution / School Name	Result

Work Experience	Position	Name of Company	Industry

### SECTION 3: EMERGENCY CONTACT

1. In Case of Emergency, please contact

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### SECTION 4: 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:

- The conditions of registration and the payment of fees policies, especially regarding payment of tuition fees are non-refundable expect for the deposit.
- Agree to abide and comply with all the rules, regulation and lawful instructions of VTAR Institute.
- VTAR 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.

[ ] 1 certified copy of all relevant academic qualifications / examinations

[ ] 1 copy of Identity Card

Please return your completed application form with payment of Registration fees, Refundable Deposit and the above required documents to VTAR Institute, Off Jalan Malinja, Taman Bunga Raya, 53000 Kuala Lumpur

Tel No: 03-4149 8211

Fax: 03-4149 7211

Website: [www.vtar.edu.my](http://www.vtar.edu.my)

E-mail: [enquiry@vtar.edu.my](mailto:enquiry@vtar.edu.my)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 5: FOR OFFICE USE ONLY

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

Application processed by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_