

INTAKE	:	
COURSE	:	() INTENSIVE BEAUTY COURSE
	:	() INTENSIVE HAIRDRESSING COURSE

SECTION 1 : PERSONAL INFORMATION 个人资料

Name: _____ Age: _____
姓名 (as in IC) 年龄

NRIC: | | | | | - | | - | | | | | E-mail: _____
身份证号码 电邮地址

Mailing Address: _____
通讯地址

Contact No.: (Handphone) _____ (Home) _____
联络号码 手机电话 住家电话

SECTION 2: ACADEMIC QUALIFICATION 学历

Please list all School / College / Qualifications that you have taken. 请选择您的学历资格和列出您所读的学校/学院

Qualification(s) 学历	Year 年份	School Name 学校	Result 成绩
UPSR 小六检定考试			
PMR 中三评估考试			
SPM 马来西亚教育文凭			
Others: _____			

SECTION 3 : PARENT / GUARDIAN QUALIFICATION 家长/ 监护人资料

Father/Guardian's Name: _____ NRIC: _____ Occupation: _____
父亲名字 (as in IC / Passport) 身份证号码 职业

Contact No.: (Handphone) _____ (Home) _____ E-mail: _____
联络号码 手机电话 住家电话 电邮地址

Mother's Name: _____ NRIC: _____ Occupation: _____
母亲名字 (as in IC / Passport) 身份证号码 职业

Contact No.: (Handphone) _____ (Home) _____ E-mail: _____
联络号码 手机电话 住家电话 电邮地址

Mailing Address: _____
通讯地址

SECTION 4: EMERGENCY CONTACT 紧急联络

1) In case of emergency, to contact 若有急事, 就联络:

Person 1: Name 姓名: _____ Relationship 关系: _____
 Contact No: (Handphone 手机电话) _____ (Home 住家电话) _____

Person 2: Name 姓名: _____ Relationship 关系: _____
 Contact No: (Handphone 手机电话) _____ (Home 住家电话) _____

2) Do you have any disability / serious illness which requires our attention? 你有否残疾/疾病? [] Yes 是 [] No 否

3) If yes, please indicate type of disability / serious illness 如果有的话, 请注明残疾/疾病: _____

SECTION 5: PRELIMINARY INFORMATION 初步资料 Tick [✓] where applicable 请在合适的地方[✓]打钩

How did you know about us? 如何知道本学院?

[] Advertisement 广告 _____ [] Education Fair 教育展 _____
 [] Banner / Leaflet 布条/传单 [] Telemarketing 电话行销 [] Others 其它 _____
 [] Friends / Introducer - Name: _____ & _____
朋友/介绍人-姓名 (For KI student only) (Student ID)

SECTION 6: FINANCIAL ASSISTANCE / LOAN 贷学金 Tick [✓] where applicable 请在合适的地方[✓]打钩

Do you need financial assistance? 您需要贷学金吗? [] Yes 需要 [] No 不需要

SECTION 7: PARENT'S & STUDENT'S DECLARATION 家长及学生声明

I hereby declare that the information provided and documents submitted in connection with this application are true and correct. I fully understand that: 本人谨此声明, 所提供的资料和提交的文件是真实及正确。我完全明白:

- All fees are non refundable except for the deposit. 所有的学费恕不退还除了定金。
- I must abide by and comply with all the rules, regulations and instructions of VTAR Institute. 我同意遵守拉曼技职学院所有的规则、规章和指示。
- VTAR Institute reserves the right to change the Institute's policies, programmes and fees at its discretion without prior notice. 拉曼技职学院有权修改学院的政策、方案和费用, 并无须在事先通知。

Registration Checklist

(Tick [✓] to confirm all the required documents have been attached 请在[✓]打钩以确保有关文件已呈交)

- [] 1 certified copy of all relevant academic qualifications / examinations 一张有关学历资格 / 考试文凭副本
 [] 1 copy of School Leaving Certificate 一张毕业证书副本
 [] 1 copy of Identity Card 一张身份证副本
 [] 4 passport size photos 四张护照尺寸照片

Please return your completed application form with payment of Registration fees, Refundable Deposit and the above required documents to Kojadi Institute 请将已填写完整的报名表连同报名费、定金及有关文件一起交到拉曼技职学院:

VTAR INSTITUTE
 Off Jalan Malinja, Taman Bunga Raya, 53000 Kuala Lumpur.
 Tel No: 603-4149 8211 Fax: 603-4149 7211
 Website: www.vtar.edu.my E-mail: enquiry@vtar.edu.my

Applicant's Signature 申请人签名

Parent/Guardian's Signature 家长/监护人签名*

Name 姓名:

Date 日期:

Name 姓名:

Date 日期:

* Parent / Guardian's signature is required if the applicant is below 18 years old. 如申请人年龄 18 岁以下, 必须有家长/监护人的签名.

SECTION 8: FOR OFFICE USE ONLY (办公室填写)

Remark: _____

Counselled / Enrolled by: Name: _____ Signature: _____ Date: _____

Admission processed by: Name: _____ Signature: _____ Date: _____