

COURSE REGISTRATION FORM

Name

Date of Birth Gender Male Female

Marital Status

NRIC No.

Address

Postcode

City

state

Tel No. (Home)

Tel No. (Mobile)

E.mail

Academic Qualifications	Technical Qualifications
PMR <input style="width: 50px; height: 20px;" type="checkbox"/>	Electrical <input style="width: 50px; height: 20px;" type="checkbox"/>
SPM <input style="width: 50px; height: 20px;" type="checkbox"/>	Electronic <input style="width: 50px; height: 20px;" type="checkbox"/>
STPM <input style="width: 50px; height: 20px;" type="checkbox"/>	Mechanical <input style="width: 50px; height: 20px;" type="checkbox"/>
Diploma <input style="width: 50px; height: 20px;" type="checkbox"/>	
Degree <input style="width: 50px; height: 20px;" type="checkbox"/>	

Please tick (), where applicable

	Spoken			Written		
	VG	G	F	VG	G	F
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.Malaysia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working Experience:

For Offices Use Only

AS-OM-01	<input type="checkbox"/>	AS-AB-01	<input type="checkbox"/>	AS-SM-01	<input type="checkbox"/>
AS-OM-02	<input type="checkbox"/>	AS-AB-02	<input type="checkbox"/>	AS-SM-02	<input type="checkbox"/>
AS-OM-03	<input type="checkbox"/>	AS-AB-03	<input type="checkbox"/>	AS-SM-03	<input type="checkbox"/>

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Signature

Date :

