



**SECTION C: INTEREST**

Please select according to your interest (you may select more than one).

- Entrepreneurship
  Cultural and Spritual  
 Computer and Information Technology
  Sports and Motoring  
 Outdoor Recreational Activities
  Others, specify: \_\_\_\_\_  
 Charity and Education Activities
 \_\_\_\_\_

**SECTION D: ACADEMIC QUALIFICATION DETAILS**

Certified copies of certificates should be attached together.  
 Attended institutions (attach a separate sheet if space provided is insufficient)

Date Started & Completed	Name of School/Institution/University	Name of Exam /Qualification	Exam Results/Level/CGPA
1.			
2.			
3.			
4.			

**SECTION E: CO - CURRICULUM ACTIVITIES DETAILS**

Certified copies must be attached together (attach a separate sheet if space provided is insufficient)

Position	Organisation/Club/Society	School/Institution/State Level	Year
1.			
2.			
3.			
4.			

**SECTION F: WORKING EXPERIENCE**

Position	Company Name & Address	Start Date & End Date	Salary
1.			
2.			
3.			

**SECTION G: FINANCIAL ASSISTANCE / SCHOLARSHIP / SPONSORSHIP**

Please tick (/):  MARA  PTPTN  FELDA  Baitulmal  Others, specify: \_\_\_\_\_

**SECTION H: PARENT / GUARDIAN DETAILS**

Father's / Guardian's Name	:	_____	Mother's Name	:	_____
New I/C No. Or Passport No.	:	_____	New I/C No. Or Passport No.	:	_____
Postal Address	:	_____	Postal Address	:	_____
		_____			_____
		_____			_____
Handphone No.	:	_____	Handphone No.	:	_____
Office Telephone No.	:	_____	Office Telephone No.	:	_____
Email Address	:	_____	Email Address	:	_____
Occupation	:	_____	Occupation	:	_____
Position	:	_____	Position	:	_____
Company Name	:	_____	Company Name	:	_____

registration form

**SECTION I: MONTHLY INCOME RATE OF PARENT / GUARDIAN**

Please tick (/):

- Less than RM 1,000 per month  
 RM 1,000 - RM 2,500 per month

- RM 2,500 - RM 5,000 per month  
 More than RM 5,000 per month

**SECTION J: EMERGENCY CONTACT NUMBER**

**1** Name : \_\_\_\_\_ Relationship : \_\_\_\_\_  
 Telephone No. : \_\_\_\_\_ Handphone No. : \_\_\_\_\_  
 Address : \_\_\_\_\_

**2** Name : \_\_\_\_\_ Relationship : \_\_\_\_\_  
 Telephone No. : \_\_\_\_\_ Handphone No. : \_\_\_\_\_  
 Address : \_\_\_\_\_

**SECTION K: GENERAL INFORMATION**

How did you receive information about us?:

- TIC's Offer Letter     Newspaper     www.tic.edu.my     Others, specify: \_\_\_\_\_  
 Advertisement     Friends     TIC's Consultant: \_\_\_\_\_ (name)

**SECTION L: NUMBER OF SIBLINGS**

Name	Age	Occupation	Place
1) _____			
2) _____			
3) _____			
4) _____			
5) _____			
6) _____			

**SECTION M: APPLICANT'S DECLARATION**

- I confirm that the information on this registration form is true and accurate. All the attached documents are true.
- I admit that the failure to produce academic records may cause the college to reject or cancel my study offer at any time.
- I permit the college to certify my academic qualification, professional and work experience. I understand that the college reserves the right to refer to other higher learning institutions and authority if the information given is false or wrong.
- I also agree to pay the amount of fees asked (if outstanding) from me which has not been paid by me whether I have or have not completed my studies.

- The college reserves the right to change any of the course, programme or subject, registration regulations and course fees without any notification.
- I understand that the personal information given may be used or given to the government or any third party for the purpose of processing this application.

Applicant's signature: \_\_\_\_\_

Date:   /   /

**FOR OFFICE USE**

Application status: Accept / Reject

Coordinator's Name: \_\_\_\_\_

Head of Department's verification: \_\_\_\_\_

CEO's Approval: \_\_\_\_\_

Date:   /   /

