

Please fill in all sections.

The application and registration fees\*(non-refundable) are payable on submission of this form.

**\*APPLICATION & REGISTRATION FEES : RM200.00**

<b>Name of Course</b>	<b>Course Commencement Date</b>
<input type="checkbox"/> FBDO	January / April / July Year : _____
Diploma in : <input type="checkbox"/> Business Studies <input type="checkbox"/> Marketing <input type="checkbox"/> Human Resources Management	January / May / September Year : _____

### SECTION I : STUDENT'S PERSONAL DETAILS

Name : _____ Male / Female Age : _____ I/C No : _____ Date of Birth : (D)____(M)____(Y)_____ Present Address : _____ _____ Tel / HP : _____ Fax : _____ Email : _____ ===== Father's Name: _____ Mother's Name : _____ Hometown Address : _____ _____ Tel (Home): _____ H/P (Father / Mother): _____ ===== Marital Status : Single / Married (If Married , please state your spouse details at below) Spouse's Name : _____ Spouse's I/C : _____ H/ P : _____	Attached 6 Recent Photographs
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### SECTION II : EDUCATIONAL QUALIFICATIONS

Please give details of all your secondary and other post-secondary education. You must attach certified copies of your academic results.

Name of School:	1	2
<b>Name of Qualification or Examination :</b> (eg. SPM, UEC, O-Level & etc.)		
<b>Years attended :</b>	From _____ to _____	From _____ to _____
<b>Grades / Results :</b> (eg. 5As 2Bs)		

### SECTION III : FINANCIAL AID

Please provide an evidence of your financial aids.

FINANCIAL AID	SCHOLARSHIP	LOAN
<input type="checkbox"/> BANK : _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NON -PROFIT ORGANISATION : _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> KOJADI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GOVERNMENT : PTPTN	<input type="checkbox"/>	<input type="checkbox"/>
MARA	<input type="checkbox"/>	<input type="checkbox"/>
YAYASAN : _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHERS : _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> COMPANY SPONSORSHIP : _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PARENTS SPONSOR		
<input type="checkbox"/> SELF SPONSOR		

### SECTION IV : DECLARATION

I declare that to the best of my knowledge the information given in this application and the supporting documents are correct and complete. I acknowledge that the provision of any incorrect information or documentation or withholding of any information or documentation in relation to my application may result in cancellation of any offer or enrolment by Axismatics. I also understand that Axismatics reserves the absolute right to discontinue or alter any course, subject, fees, entry requirements, staffing or other arrangements without prior notice.

**Applicant's signature :** \_\_\_\_\_ **Date of application:** \_\_\_\_\_

#### For office use only :

<input type="checkbox"/> Application Fees Receipt No: _____	<input type="checkbox"/> IEP	<input type="checkbox"/> MPU2153	<input type="checkbox"/> Unconditional
<input type="checkbox"/> Hostel Deposit Receipt No: _____	<input type="checkbox"/> English	<input type="checkbox"/> MPU2213 (B.M)	<input type="checkbox"/> Conditional
Preferred: Room : _____	<input type="checkbox"/> MPU1153	<input type="checkbox"/> MPU2223	Retake SPM
Location: _____	<input type="checkbox"/> MPU1213 (B.M)	<input type="checkbox"/> MPU2313	Sub.: _____
	<input type="checkbox"/> MPU1223	<input type="checkbox"/> MPU2413	_____
	<input type="checkbox"/> MPU1313		<input type="checkbox"/> Scholarship _____%
			<input type="checkbox"/> Study Loan _____%

Remarks : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_