

Please fill in all sections.

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

*APPLICATION & REGISTRATION FEES : RM200.00

APPLICATION FORM

Name Of Course : FBDO

January / April / July

Year :

Diploma In : Business Administration

January / May / September

Year :

Marketing Management

Human Resources Development

SECTION 1 : STUDENT'S PERSONAL DETAILS

Name : _____

(Male / Female) Age : _____

I/C No : _____

Date Of Birth : (D) ____ (M) ____ (Y) ____

Present Address : _____

Tel/HP : _____ Fax : _____ Email : _____

Attached
4 Recent
Photographs

Father's Name : _____ Mother's Name : _____

Hometown Address : _____

Tel (Home) : _____ H/P (Fater / Mother) : _____

Marital Status : Single / Married

(If Married, please status your spouses details at below)

Spouse's Name : _____

Spouse's I/C No : _____ H/P : _____

SECTION 2 : 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)
Name Of Qualification or Examination (eg. SPM, UEC, O-Level)		
Years Attended	From To	From To
Grades / Results (eg. 5As 2Bs)		

SECTION 3 : 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"/>
<input type="checkbox"/> MARA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> YAYASAN : _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OTHER : _____	<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 4 : 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 Signature : _____

FOR OFFICE USE ONLY :

<input type="checkbox"/> Application Fees	<input type="checkbox"/> IEP	<input type="checkbox"/> Unconditional
<input type="checkbox"/> Receipt No : _____	<input type="checkbox"/> English	<input type="checkbox"/> Conditional
	<input type="checkbox"/> MPU 1153	Retake SPM
<input type="checkbox"/> Hostel Deposit	<input type="checkbox"/> MPU 1213 (BM)	Sub : _____
<input type="checkbox"/> Receipt No : _____	<input type="checkbox"/> MPU 1223	_____
Preferred : Room : _____	<input type="checkbox"/> MPU 1313	_____
Location : _____	<input type="checkbox"/> MPU 1413	
	(For Diploma Only)	<input type="checkbox"/> Scholarship _____ %
Remark : _____		<input type="checkbox"/> Study Load _____ %
Signature : _____	Date : _____	