



A.P.I.I.T.
ASIA PACIFIC INSTITUTE OF
INFORMATION TECHNOLOGY

REGISTRATION FORM

Centre

TPM
 KL
 DH

Personal Details

Name (as in IC / Passport) (Mr/Mrs/Ms):			
Date of Birth:	NRIC No. (New):	NRIC No. (Old):	
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality :		Passport No.:
Race: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others:	Age:		
Correspondence Address :			
E-mail :	Tel (hse) :	H/P:	
Permanent / Home Address:			
			Tel (hse):
Company's Name & Address (if applicable):			
Tel:	Ext:	Fax:	
Name of Parent/Guardian :			
Tel:		H/P:	

Academic Qualifications (from highest to lowest)

Qualifications	Name of School / College	Place	Grade	
			Actual	Forecast

Course Commencement Date :

Registering for : Full Time Part Time

Course Fee Payment Details

Mode of Payment (<i>upon registration</i>) : <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Others:	
Payment Option : <input type="checkbox"/> Full Payment <input type="checkbox"/> Instalment	
Total Course Fee : RM	
Payment Upon Registration (<i>breakdown by item</i>)	
1. Course Fee	
2. Library Deposit (<i>refundable</i>)	
3. Library Fee	
4. Student ID card	
5. Project Fee	
6. Module Fee	
7. Others	
Total Fee Paid Upon Registration	

NOTE: Payment by Cheque/Bank Draft is to be made payable to APIIT SDN. BHD. For Payments made by cheque, please indicate: Bank..... Cheque No:

I, _____ declare that all the particulars provided in this form are complete and correct/true. I will abide by APIIT's Professional Code of Conduct. I have also read and understand the APIIT's refund policy which is stated in the Fee Guide.

Date: _____

Signature: _____

For Office Use Only

Documents Check :	√
Certificates	
Forecast/Trial Result	
Photograph (IC Size)	
Testimonials	
IC/Passport	
Aptitude Test	
Interview	

Data Input by: _____

Date : _____

Previous intake code:
Current intake code :
Course Registered for:
Registrant counseled by: Date:
Registration handled by: Date:

Counsellor's remarks:

Approved by : _____
Signature: _____

