

Please complete all sections of this form in BLOCK letter Student Number
(Office Use Only)

PERSONAL DETAILS

Title: _____ First Name: _____ Family Name: _____

Date of Birth: _____ Nationality: _____ Contact Number 1: _____

Passport No: _____ Passport Expiry: _____ Contact Number 2: _____

Current Address: _____ Contact Number 3: _____

Personal Email: _____ Contact Person: _____

ACADEMIC QUALIFICATION

Degree Title	Field of Study	Dates Attended	Medium of Instruction

EMPLOYMENT DETAILS

Status	Name of Company	Designation	Number of years

COURSE APPLIED FOR

Select Your Course: _____ University/Awarding Body: _____

- TERMS AND CONDITIONS**
- Registration Fee is Non-Refundable.
 - If monthly payment is not been paid on regular basis for 3 consecutive months then your registration is considered to be cancelled.
 - The Certificate/Diploma/Degree will be awarded by the principal Institute/College/University.
 - CCIS is a private College and will NOT be liable for any change in rules/regulations of Government Bodies.

DECLARATION

I, the undersigned, declare that the information provided above is, to the best of my knowledge, true and complete.
I further declare my realization that any false statement or omission, even if unintended on my part, may lead to the cancellation of my application or may render my admission liable to termination.

Signature(Full Name): _____ Date: _____

- DOCUMENT CHECKLIST**
- | | | |
|--|--|--------|
| Four recent Passport sized photographs with white background | Copy of Passport | Resume |
| Copies of Academic Certificates and other official transcripts | Certificate of your work experience (If any) | |
- Please note that you will be required to produce the original documents or authenticated copies on or before registration

For Office use only:

Authorizes Signatory & Stamp