

PUSAT LATIHAN KULINARI MAJU

6-G, 6-1 & 6-2 Jalan Dravidan, Bandar Baru Ampang, 68000 Ampang Selangor, Malaysia.

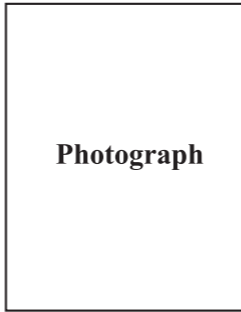
Tel: 03-4270 7876 Fax: 03-4270 4155

REGISTRATION FORM

Programme : _____

Date Of Intake : _____ Part Time

Student ID : _____ Full Time



PERSONAL DETAILS (Please use BLOCK LETTERS)

Name of Applicant(as per NRIC / Passport)

Name in Chinese (if any)

NRIC / Passport No.(old and new)

Nationality	Date Of Birth (dd/mm/yy)	Place Of Birth
Race	Religion	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Email	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	

CONTACT ADDRESS WHILE STUDYING

Address				Tel
				Fax
Postcode	City	State	Country	Mobile Phone

PERMANENT HOME ADDRESS (for correspondence purpose)

Address				Tel
				Fax
Postcode	City	State	Country	Mobile Phone

Parent/Guardian/Sponsor Particulars (if applicable)

Full name Parent/Guardian				NRIC / Passport No.
Correspondence Address				Tel
				Fax
Postcode	City	State	Country	Mobile Phone

ACADEMIC DETAILS

*Actual / Forecast Results for SPM/UEC/STPM/DIPLOMA/DEGREE

NO	Schools/Institutes/Universities	State/Country	Results/Award	Year
1				
2				
3				

*English Language Achievement

NO	Schools/Institutes/Universities	State/Country	Results/Award	Year
1				
2				
3				

EMPLOYMENT HISTORY / EXTRA-CURRICULAR ACTIVITIES

NO	Organisation/Games/Societies	Position	Year
1			
2			
3			

SUPPORTING DOCUMENTS

Attached here, please find the following documents:

- Registration fee and deposit of RM _____
- 1 copy of NRIC / Passport
- 6 copies of passport sized photographs
- Certified true copies of all relevant examinations results

DECLARATIONS

I declare that the information provided by me in connection with this application is true and correct. I undertake to inform Pusat Latihan Kulineri Maju immediately of any change in address, phone number and other information provided by me in this application.

I understand that Pusat Latihan Kulineri Maju reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. I agree to be bound by the Terms and Conditions of the offer to study at Pusat Latihan Kulineri Maju.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Date	Amount	Payment	Receipt No.	Remarks