

Institut Akauntan KTC (JB) (DK273-02(J))

26, Jalan Wong Ah Fook, 80000 Johor Bahru, Johor

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APPLICATION FOR ADMISSION

Name				Photo
Gender		NRIC No	/ /	
Mobile No.		Nationality		
Tel No. (H)		D.O.B	/ / (dd/mm/yy)	
Race		Place of birth		
Religion		Intake	/	
Address 1				
Address 2				
Hobby		Club		
Email				
Course	FULL TIME <input type="checkbox"/>	KTC-DIA <input type="checkbox"/>	Double DIP <input type="checkbox"/>	
	PART TIME <input type="checkbox"/>	CAT <input type="checkbox"/>	LCCI <input type="checkbox"/> Please tick (✓)	

EDUCATION DETAILS

Qualification	Year Start	Year Complete	Grade

EMPLOYMENT HISTORY

Company	Position	Duration	Date Left	Reason

Parents' Details

Father's Name			
NRIC No	/ /		
Mobile.No		Nationality	
Tel No. (H)		Tel.No (O)	
Occupation		Company	
Email			
Mother's Name			
NRIC No	/ /		
Mobile.No		Nationality	
Tel No. (H)		Tel.No (O)	
Occupation		Company	
Email			

Emergency Contact

Name			
Gender		NRIC No	/ / Relationship
Mobile.No		Nationality	
Tel No. (H)		Tel.No (O)	
Occupation		Company	
Address 1			
Address 2			
Email			

TERMS & CONDITIONS

- (*applicable to student who withdraws from the program)

I hereby declare that the information given is correct and I agree to abide by the above terms and conditions.

Date _____

OFFICE USE ONLY

Admission Checklist

The student should provide the following:

<input type="checkbox"/>	2 Photographs with named written at the back	<input type="checkbox"/>	A photocopy of school leaving certificate
<input type="checkbox"/>	A photocopy of Identity card	<input type="checkbox"/>	The copies of all relevant certificates

Mode of Payment

Registration Fee	RM		.			Rbate (RM)		.			<input type="checkbox"/> Full Payment	
Miscellaneous Fee	RM		.			Scholarship		.			<input type="checkbox"/> Installment	
Convocation Fee	RM		.					%			RM	x
Course Fee	RM		.								RM	x
Total	RM		.									

Others

	Fair	<input type="checkbox"/>	Walked in	<input type="checkbox"/>	Tele-Marketing	<input type="checkbox"/>	Advertisement	<input type="checkbox"/>	Others	<input type="checkbox"/>		
Handed By	<input style="width: 100%;" type="text"/>				Introduced By	<input style="width: 100%;" type="text"/>						
Date	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	/	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	/	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	O/R No	<input style="width: 100px;" type="text"/>	Amount	<input style="width: 100px;" type="text"/>