



REGISTRATION FORM

Admission Procedure:

1. Kindly complete the application form in full.
2. Please use black ink pen only.
3. Please attach together 2 copy of passport size photo.

<u>FOR OFFICE USE ONLY</u>	
COURSE	: _____
INTAKE	: _____
CLASS NAME	: _____
STUDENT ID NO	: _____

PERSONAL DETAILS OF APPLICANT						
Full Name (as per IC)					PHOTO	
IC No			*Marital Status	Single / Married		
Address			Nationality			
			Religion			
			Race			
City		Post/Zip Code		Date of Birth		
Phone No	Home :		Place of Birth			
	Mobile :		*Gender	Male / Female		
Email			Highest qualification			
Do you have any medical conditions? : (please specify)						
Do you have any disabilities:						

**delete where inappropriate*

PARENTS/ GUARDIAN'S INFORMATION			
Father/ Guardian/ Husband*		Mother/ Guardian/ Wife*	
Name		Name	
IC/ Passport No		IC/ Passport No	
Address		Address	
Phone No	Home :	Phone No	Home :
	Mobile:		Mobile:
Email		Email	
Nationality		Nationality	
Age		Age	
Race		Race	
Religion		Religion	
Occupation		Occupation	
Monthly Income (RM)		Monthly Income (RM)	
No of Dependents		No of Dependents	

** delete where inappropriate*



SIBLINGS INFORMATION

No	Name	Age	Occupation/ Position	Employer/ Educational Institution
1				
2				
3				
4				
5				

EMERGENCY CONTACT (2 PERSON)

	First	Second
Name		
Address		
Tel No		
Relation		

STUDY BACKGROUND

No.	School/ Educational Institution Name	Year Awarded	Qualification	Result
1				
2				

Did you study at another college/ university previously? Yes / No
If yes, please state college/ university name : _____

Have you applied for a PTPTN loan previously? Yes / No
If yes, please state the amount received from PTPTN: RM _____

ADDITIONAL INFORMATION

How did you find out about CATS College?

Social Media (Facebook, Instagram, Linkedin, Youtube, Google)

Word of Mouth (Familiy, Relative, Friends)

Education Fairs or Event

Others

DECLARATION BY APPLICANT

I hereby certify that the above information given is true and correct to the best of my knowledge. I understand that CATS College can cancel my program or terminate me at any time if the statement and certificates given are false.

Student's Signature:

Date:



FOR OFFICE USE ONLY

MARKETING & STUDENT RECRUITMENT DIVISION

<input type="checkbox"/> Documents Complete <input type="checkbox"/> Documents Incomplete Specify:	Course Fee Breakdown:
Counselled by, Name: Date:	Manager's Signature, Name: Date:

STUDENT ADMISSIONS AND RECORD DIVISION

<input type="checkbox"/> Documents Complete <input type="checkbox"/> Documents Required (please specify) Checked by : Date: Rechecked by: Date: Verified by : Date:	Remarks: Signature: Name : Date :
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