

THE INSTITUTE OF BUSINESS ENGINEERING & TECHNOLOGY
STUDENT REGISTRATION APPLICATION FORM



Application Number:

Date:

(To be filled in Block Capitals)

Course Details																			
Course Preference /School	Language	Business	Computing	Engineering & Technology															
Name of the Course Applying for																			

Personal Details																			
Name in Full																			
Name with initials																			
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	Male	Female	Nationality							
Correspondence Address										Contact Details									
										Office Tel:									
										Home Tel:									
										Mobile									
										Fax									
										Email									

Education Record									
School Education									
G.C.E. O/L		Year of Examination			G.C.E. A/L		Year of Examination		
Distinctions					Distinctions				
Credits					Credits				
Simple Passes					Simple Passes				
Others					Others				
Higher Education									
Name of the Institute/University		Qualification			Duration	From	To	Grade	

History of Employment (if applicable)				
Name of the Company	From MM/YY	To MM/YY	Position	Full/Part time

Special requirements, if applicable	
Any disabilities of Student:	
Any Medical Conditions that the Institute should be aware of:	

Required documents attached: (Yes/No)			
GCE O/L Results sheet	<input type="checkbox"/>	GCE A/L Results sheet	<input type="checkbox"/>
Higher Education Results sheet	<input type="checkbox"/>	Copy of NIC	<input type="checkbox"/>

Applicant's Declaration	
<p>This is to certify that the information provided in this application is correct and complete to the best of my knowledge. I acknowledge that the failure to disclose my true academic record may compel the Institute to revoke the Offer Letter. I understand that any offer of a place on the programme is subject to my acceptance of the TIBET Campus terms and conditions.</p>	
Signature of the Applicant:	Date:

Office Use

Programme Information				
Course Name		Commencement		Batch
University/Institute		Duration (months)		

Payment Details				
Mode of Payment		Full Payment		Instalments
				Counsellors
				Any Other

Student Registration Information														
Registration Number						Student ID						Login ID		
Remarks:														

Approval Confirmation				
Course Coordinator/Manager:		Head of the Academic Department:		Chief Executive Officer:
Note:		Note:		Note:
Signature		Signature		Signature
Date		Date		Date