

**AXISMATICS PROFESSIONAL INSTITUTE**

Application Form

**AXISMATICS**  
Professional Institute**OUR PROGRAMME**

Programme : FELLOW OF BRITISH DISPENSING OPTICIANS (FBDO)  
 Intake : JANUARY / APRIL / JULY / AUGUST YEAR: \_\_\_\_\_

**PLEASE FILL IN ALL SECTIONS.**

The application and registration fees\* (non-refundable) are payable on submission of this form.

**\*Application Registration Fees: RM200.00**Attached 4  
Recent  
Photographs**SECTION I : STUDENT'S PERSONAL DETAILS**

Name : _____	Male / Female _____	Age : _____
I/C No: _____	Race : _____	Religion : _____
Date of Birth : (D) _____ (M) _____ (Y) _____	Place of Birth : _____	
Present Address : _____ _____		
Tel / Hp : _____ Email : _____		
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Marital Status : Single / Married (if Married, please state your spouse details below)		
Spouse's Name : _____		Spouse's I/C : _____
Tel / Hp : _____		Email : _____

**SECTION II : INFORMATION OF STUDENT'S PARENTS / GUARDIAN**

	FATHER	MOTHER	GUARDIAN
NAME:			
NRIC NO:			
DATE OF BIRTH:			
ADDRESS:			
TEL.NO:			
(HOME)			
(OFFICE)			
(H/P)			
EMAIL:			
OCCUPATION:			

**SECTION III : EDUCATIONAL QUALIFICATIONS**

Please give details all of your secondary and other post-secondary education. You must attach certified copies of your academics result.-

Name of School :	1.	2.
Name of Qualification or Examination : (eg. SPM, UEC, O-Level & etc.)		
Years attended :	From To	From To
Grades / Results : (eg. 5As 2Bs)		

**SECTION IV : FINANCIAL AID**

- COMPANY SPONSORSHIP : \_\_\_\_\_
- PARENT SPONSOR
- SELF SPONSOR

**SECTION V : DECLARATION**

*I declare that to the best of my knowledge the information given in this application and the supporting document are correct and complete. I acknowledge that the provision of any incorrect information or documentation or withholding of any information or documentation in relation to my application may result in cancellation of any offer or enrolment by Axismatics. I also understand that Axismatics reserves the absolute right to discontinue or alter any course, subject, fees, entry requirement, staffing or other arrangements without prior notice.*

Applicant's Signature : \_\_\_\_\_ Date of application : \_\_\_\_\_

**For office use only :**

- IEP
- Unconditional
- English
- MPU2153
- Conditional
- Application Fees Receipt No:
- MPU1153
- MPU2153 (B.M)
- Retake SPM Sub.:
- Hostel Deposit Receipt No:
- MPU1213
- MPU2223
- Preferred: Room :
- MPU1223
- MPU2313
- Location :
- MPU1313
- MPU2413
- Scholarship \_\_\_\_\_%