

**OUR PROGRAMME**

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

Programme : DIPLOMA IN E-MARKETING  
Intake : JANUARY / MAY / SEPTEMBER YEAR: \_\_\_\_\_

Attached 4  
Recent  
Photographs

**PLEASE FILL IN ALL SECTIONS.**

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

**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 : \_\_\_\_\_  
.....  
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 :**

<input type="checkbox"/> IEP	<input type="checkbox"/> Unconditional
<input type="checkbox"/> Application Fees Receipt No:	<input type="checkbox"/> English <input type="checkbox"/> MPU2153 <input type="checkbox"/> Conditional
<input type="checkbox"/> Hostel Deposit Receipt No:	<input type="checkbox"/> MPU1153 <input type="checkbox"/> MPU2153 (B.M) Retake SPM Sub.:
	<input type="checkbox"/> MPU1213 <input type="checkbox"/> MPU2223
Preferred: Room :	<input type="checkbox"/> MPU1223 <input type="checkbox"/> MPU2313
Location :	<input type="checkbox"/> MPU1313 <input type="checkbox"/> MPU2413
	Scholarship _____%