

THE DENTAL ACADEMY

6-4 & 8-4 JALAN USJ 9/5R,

UEP SUBANG JAYA, SELANGOR D.E



REGISTRATION FORM

(1) PERSONAL PARTICULARS

Name as in NRIC/Passport [Write in **BLOCK** letters and UNDERLINE surname/family name. Attach documentary proof if name differs from NRIC/Passport]

Dr/Mr/Mrs/Mdm/Miss

Sex Male Female

Age

Permanent Home Address

Tel No. (Home):-

Tel No. (Mobile phone):-

Postal Address (if different from above)

E-mail Address:-

Date of Birth
(Day/Month/Year)

NRIC/Passport No.

Marital
Status

- Single
 Married

Citizenship

- Malaysian
 Others : _____ (Please specify)

(2) PARTICULARS OF NEXT-OF-KIN

Name

Relationship

Occupation

Permanent Address

Telephone No

(3) REGISTERED COURSE (S)

Course Name : _____ Course Code: _____

Course Name : _____ Course Code: _____

Course Name : _____ Course Code : _____

(4) MEAL PREFERENCE Non-Veg Veg**(5) ACADEMIC QUALIFICATIONS****Tertiary Education (Undergraduate and Postgraduate)**

From	To	Name & Location of University	Degree & Major

(6) EMPLOYMENT & PRACTICE HISTORY

Date of Joining	Employment Sector (Private/Public/Self-Employed)	Name & Location of Organization	Position Held / Nature of Work

(7) SOURCE OF FINANCE
 Company Sponsorship Self Support Others
 (Please specify _____)
(8) PAYMENT OPTIONS / MODE Full Payment : RM _____ Deposit : RM _____
 Visa Mastercard Debit Cash Direct Bank-In :
Global Dental Academia Sdn Bhd
CIMB Account Number 8007622011
(9) DECLARATION

I affirm that all statements made by me on this form are correct. I understand that any inaccurate or false information (or omission of material information) will render this application invalid and that, if admitted on the basis of such information, I can be required to withdraw from the academy.

Signature: _____

Date: _____

APPLICATION CHECKLIST :
 Application fee Completed application form Certified copy of NRIC/Passport/Citizenship