



INTERNATIONAL ISLAMIC COLLEGE
الكلية الإسلامية العالمية
KOLEJ ISLAM ANTARABANGSA

**MONTESSORI DEPARTMENT
REGISTRATION FORM**

1. Please use **BLOCK LETTER** only
2. Please attach together with a copy of NRIC and Academic certificates
3. Completed form should be sent or fax to Montessori Department, International Islamic College, No 1, Jalan 31/10A, Taman Batu Muda, 68100 Kuala Lumpur. Fax: 03-6185 5430
4. Payment should be made to **IUM HIGHER EDUCATION SDN. BHD**'s Bank Islam account **14162-01-000206-1**

Photo

TRAINING PROGRAM (*Please select and specified interested program*)

- Workshop : _____
 Certificate : _____

1. APPLICANT'S PERSONAL DETAIL

Name: (*As in NRIC*) _____

NRIC: _____ **Nationality:** _____

Gender: Male Female **Date of Birth:** _____ **Age:** _____

Mailing Address: _____

Postcode: _____

Permanent Address: (*if different from mailing address*) _____

Postcode: _____

Contact No: _____ **E-mail Address:** _____

2. NEXT OF KIN (*to be contacted in case of emergency*)

Name: _____

Relationship: _____ Contact No: _____

Address: (if different from above address)

Postcode: _____

3. EDUCATIONAL BACKGROUND

Degree/Diploma/Certificate	Institution	Year	Grade

4. WORK EXPERIENCE

Employer	Position	Year

5. MARKETING SURVEY (How do you come across with this program)

Website

Advertisement: _____ *please specified*

Other: _____ *please specified*

I certify that all the above information is correct and that I understand and agree to abide by all the regulations and condition of the International Islamic College.

.....
Signature of the Applicant

.....
Date

FOR OFFICE USE ONLY

Date received : _____ Received by : _____

Payment by : Cash/Cheque/Bank-in Receipt no: _____

Payment Date : _____

Application Status:

Approved Rejected