

STUDENT REGISTRATION FORM



STUDENT INFORMATION

First Name	
Last Name	
Date of Birth	DD / MM / YYYY / /
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
NIC / Passport Number	
Address	
Mobile No	

PARENT / GUARDIAN

Name	
Relationship	
Address	
Mobile No	

EDUCATIONAL INFORMATION

Latest Qualifications	
Other Qualifications	
Preferred Course	1.
	2.
	3.
	4.

STUDENT DECLARATION

I certify that the information provided above is accurate, and I commit to submitting all required documents for verification.

Signature

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Date

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