

Student No.

Batch No.

PART ONE

1. COURSE APPLIED FOR

FACULTIES

PROGRAMME

Preferred Mode: Full Time Part Time

2. PERSONAL DETAILS

Full Name (write clearly)					
Family / last name			Given / first name(s)		
Gender and Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Day	Month	Year <small>(Eg: Day 12 Month 10 Year 2015)</small>
Permanent Address					
Current Address					
Nationality					
Contact Numbers	Residence:			Mobile:	
	Alternative Contact No. (For emergency) :				
E-mail					
National Identity Card No.				Passport No.	

3. SCHOOL/S ATTENDED

1. _____

2. _____

4. QUALIFICATIONS (GENERAL)

Name of Exam	Year	Subjects Attempt One	Grades Attempt One	Year	Subjects Attempt Two	Grades Attempt Two
GCE OL <input type="checkbox"/> Local <input type="checkbox"/> Tamil <input type="checkbox"/> English <input type="checkbox"/> Other Specify _____		Maths			Maths	
		English			English	
		Science			Science	
GCE AL Stream: <input type="checkbox"/> Local <input type="checkbox"/> Tamil <input type="checkbox"/> English <input type="checkbox"/> Edexcel / Pearson <input type="checkbox"/> Cambridge <input type="checkbox"/> Other Specify _____						
		English			English	
		Common General Test			Common General Test	

5. OTHER QUALIFICATIONS (Professional, Etc.)

Name of Exam	Year of Exam	Awarding Body	Overall Grade

6. EMPLOYMENT (IF ANY)

Name of Employer(s)	Position	From	To

PART THREE**1. PERSONAL STATEMENT***(Briefly in bullet form is ok. Those who want to be more comprehensive are free to do it in a separate sheet and attach)*

Reasons for selecting the course	
Special Interests	
Career Aspirations	
Any other relevant information <i>(You may also mention here if you have any disability - congenital or otherwise)</i>	

2. WHO WILL BE PAYING YOUR TUITION FEE?Self Parents Other (Specify) _____

Name:	Mr. / Mrs.		
Address: Residence:			
Official:			
Occupation:			
Contact No:	Residence:	Office:	Mobile:
E-mail:			

Please indicate how you heard of the course you are applying for

<input type="checkbox"/> Word of Mouth / Past Student of IEBC	<input type="checkbox"/> Our Website / Email	
<input type="checkbox"/> Newspaper / Magazine Advert	<input type="checkbox"/> Seminars	
<input type="checkbox"/> Prospectus / Leaflets / Banners	<input type="checkbox"/> Open Events	
<input type="checkbox"/> Radio	<input type="checkbox"/> Facebook	
<input type="checkbox"/> TV	<input type="checkbox"/> Agent (Name _____)	

APPLICANT'S CHECKLIST

Have you included?

- Passport size colour photos
- Proof of your qualifications (Certified copies with originals. Original will be returned after verification)
- A Copy of your Birth Certificate
- A Copy of your National Identity Card
- Any other relevant documents

DECLARATION - 1

I understand that the course I have chosen is provided strictly in accordance with the approval given by the relevant qualification awarding body. My qualification will thus be awarded direct upon my achieving the minimum academic benchmark set by the awarding body. I have been made aware that it is my responsibility to confirm the approval and recognition of the qualification by any other relevant local or international professional bodies. I am further aware that any changes that may occur in the future pertaining to the approval / recognition of the qualification would be beyond the control of ENC and hence it cannot be held responsible for such changes.

DECLARATION - 2

By signaling this form, I confirm that to the best of my knowledge, the information given in this form is correct and accurate. Further, I agree to abide by the rules and regulations of the college. If any information given here is found to be false, I am aware my application will be cancelled / admission will be quashed and I shall have no claim whatsoever from the college. I also understand no refund or batch transfer will be effected after ten days from the start date of the course.

Signature

Date

OFFICE USE

Date Application received	
Admission to course:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Student Number:	
Check List	Signature on the form: <input type="checkbox"/> Proof of Qualifications: <input type="checkbox"/>
Total Course Fee:	Rs.
Registration Fee :	Rs.
Course Fee :	Rs.
Amount Paid Upfront:	
Number of Instalments for the balance to be settled:	
Payment Discount	

Admission Officer

Date

Remarks