



APPLICATION FOR ADMISSION

Form AA-0502

PROGRAMME/COURSE APPLIED FOR	
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PART-TIME

FULL-TIME

1. STUDENT INFORMATION

NAME OF APPLICANT	
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I.C. NO.	
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TEL/HP NO.	
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MAILING ADDRESS	
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PERMANENT ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)	
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2. FAMILY INFORMATION: NEXT OF KIN

NAME	
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RELATIONSHIP	
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TEL/HP NO.	
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3. EDUCATION/QUALIFICATION INFORMATION

Please list your highest academic achievement/s and/or professional qualification/s achieved.

4. EMPLOYMENT INFORMATION: CURRENT

EMPLOYER:	
ADDRESS:	

POSITION HELD:		TEL. NO.	
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REFERENCE:		TEL..NO.	
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<input type="checkbox"/>	AVIATION
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<input type="checkbox"/>	NON-AVIATION
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WORK EXPERIENCES:	
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5. PAYMENT INFORMATION

COURSE FEE:	RM	
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<input type="checkbox"/>	FULL PAYMENT	RM	
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<input type="checkbox"/>	PART PAYMENT	RM	
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NOTE:
1. PAYMENT BY BANK DRAFTS/CHEQUES ARE TO BE MADE TO APR -AVIATION TRAINING CENTRE SDN BHD
2. FOR PART PAYMENT, STUDENTS ARE REQUIRED TO SIGN THE LETTER OF UNDERTAKING FOR INSTALMENT (ON PAGE 3 OF THIS APPLICATION FORM).

BALANCE DUE:	RM	
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I certify that all the above information is correct to the best of my knowledge. If accepted as a student at APR- Aviation Training Centre Sdn Bhd, I agree that during such time as I may be enrolled as a student, I will abide by all the rules, regulations, practices and policies of APR-Aviation Training Centre Sdn Bhd as they may be at the time of admission or as they may be changed during my continuance as a student.

Signature:	
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Date:	
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LETTER OF UNDERTAKING FOR INSTALMENT SCHEME

With respect to my financial commitment to undertake the course program at APR-Aviation Training Centre Sdn Bhd (Co.Reg.708109-K), I

Name:	
I/C No.	
Address:	

Hereby agree to settle all instalment payments due to me for APR-AVIATION TRAINING CENTRE SDN BHD (708109-K), failing which APR-AVIATION TRAINING CENTRE SDN BHD has the right to take legal proceeding against me to justifiably recover the necessary monies owed to APR-AVIATION TRAINING CENTRE SDN BHD.

Signature:		Date:	
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For official use only

APR-AVIATION TRAINING CENTRE SDN BHD
Co. Reg.708109-K

Authorised Signatory:		Date:	
Witness: Name & Signature		Date:	