

Application Form Two-year Institute

Photo

Please note that using correction pen is not allowed.

Personal Information

| | | | | | |
|---------------------------|----------------------|-------------------|----------------------|--------|----------------------|
| Full Name (Passport Name) | <input type="text"/> | | | | |
| Date of Birth | <input type="text"/> | Place of Birth | <input type="text"/> | Gender | <input type="text"/> |
| Citizenship | <input type="text"/> | Residence Country | <input type="text"/> | | |

Passport Details

| | | | |
|---------------|----------------------|-------------------|----------------------|
| Passport No. | <input type="text"/> | Issuing Authority | <input type="text"/> |
| Date of Issue | <input type="text"/> | Date of Expiry | <input type="text"/> |

National ID (Local Applicants Only)

| | | | |
|---------------|----------------------|-------------------|----------------------|
| National ID | <input type="text"/> | Registry No. | <input type="text"/> |
| Date of Issue | <input type="text"/> | Issuing Authority | <input type="text"/> |

Address

| | | | | | |
|-------------|----------------------|--------------|----------------------|-------|----------------------|
| Street | <input type="text"/> | City | <input type="text"/> | State | <input type="text"/> |
| Postal Code | <input type="text"/> | Country | <input type="text"/> | Email | <input type="text"/> |
| Landline | <input type="text"/> | Mobile Phone | <input type="text"/> | | |

Emergency Notification

| | | | |
|-----------|----------------------|--------------|----------------------|
| Full Name | <input type="text"/> | Country | <input type="text"/> |
| Email | <input type="text"/> | Relationship | <input type="text"/> |
| Landline | <input type="text"/> | Mobile Phone | <input type="text"/> |

Academic Qualification

| | | | |
|-------------------|----------------------|----------------------|--|
| Institute Name | <input type="text"/> | | |
| Branch | <input type="text"/> | | |
| Graduation Year | <input type="text"/> | | |
| Total Mark (%100) | <input type="text"/> | <input type="text"/> | |

This Section should be Filled by Head of Institute

| | |
|-------------------|----------------------|
| Name of Institute | <input type="text"/> |
| Head of institute | <input type="text"/> |
| Date | <input type="text"/> |
| Sign & Stamp | <input type="text"/> |

Approving and Confirming Grades from the Directory of Education

| | |
|-------------------|----------------------|
| Directory Name | <input type="text"/> |
| Directory Place | <input type="text"/> |
| Directory Manager | <input type="text"/> |
| Date | <input type="text"/> |
| Sign & Stamp | <input type="text"/> |

Programme Section

| | |
|---------------|----------------------|
| First Choice | <input type="text"/> |
| Second Choice | <input type="text"/> |
| Third Choice | <input type="text"/> |

English Qualification (If available)

| | | | |
|-------------|----------------------|-------|----------------------|
| TOEFL (iBT) | <input type="text"/> | Score | <input type="text"/> |
| IELTS | <input type="text"/> | Band | <input type="text"/> |

If you have filled out this section, please provide a copy of your certificate.

Self Declaration

I certify that all the information that I have given in this application form is correct. I agree that Qaiwan International University has the right to reject this application, to withdraw the offer of admission or to terminate my study. I also observe and ensure payment of office and other liabilities.

Full Name

Date & Signature