

## STUDENT REGISTRATION FORM

Closing date for registration:  
1<sup>st</sup> March for June examination or 1<sup>st</sup> September for December examination

Please read the Student Guide for reference

### PERSONAL DETAILS

Name (Mr/ Ms) : \_\_\_\_\_  
(As in IC/ Passport) (Please enclose certified true copy of IC/ Passport)

Identity Card/ Passport No. : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Gender : \_\_\_\_\_

Race : \_\_\_\_\_

Nationality : \_\_\_\_\_

Marital Status : \_\_\_\_\_

Home Tel No. : \_\_\_\_\_

Handphone No. : \_\_\_\_\_

E – Mail Contact : \_\_\_\_\_

Preferred Mailing Address :  Home  Office

Home Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name : \_\_\_\_\_

Company Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Tel. No. : \_\_\_\_\_

Company Fax No. : \_\_\_\_\_

	Year Completed	Certificate / Diploma / Degree Awarded - Institution/ Professional body
SPM / Equivalent	_____	_____
STPM / Equivalent	_____	_____
Tertiary Education	_____	_____
Professional Qualification	_____	_____

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I hereby certify that the above information is correct and agree to abide by the rules and regulations of the Institute when I am accepted as a student.

I enclose herewith the necessary fees payable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **APPLICATION CHECKLIST**

**To avoid errors and delay in your student application, please ensure that you:**

- Read all instructions carefully and be aware of the closing dates and fees.
- Complete and submit this form with accurate details and all relevant documents.
- Submit the application by hand/post/courier. Do not submit original certificates in the post/courier.

The documents required to be submitted with the registration form are:

- Certified true copy of Identity Card
- Certified true copy of certificates and academic transcripts (SPM/Diploma/Advanced Diploma/Bachelor Degree/Professional qualifications)
- Two passport sized photographs
- Payment form (registration fee/annual subscription/exemption fee)

All photocopied documents are to be duly certified by **one** of the following authorised personnel stated below:

- 1) CTIM Member - ACTIM/FCTIM (official stamp, name and membership no. must be clearly stated)
- 2) Commissioner for Oaths
- 3) CTIM Secretariat (please bring original certificates to CTIM for certification)

#### **For Office Use**

Processed by : \_\_\_\_\_ Date: \_\_\_\_\_  
(On complete submission)

Verified by : \_\_\_\_\_ Date: \_\_\_\_\_

Approved by : \_\_\_\_\_ Date: \_\_\_\_\_

Registration Date : \_\_\_\_\_

Registration No. : \_\_\_\_\_