

STUDENT REGISTRATION FORM

Closing date for registration:
1st December for March examination or 1st June for September 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	_____	_____

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 email/courier/hand. Do not submit original certificates in the 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/Foundation/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 : _____
(On complete submission)

Date: _____

Verified by : _____

Date: _____

Approved by : _____

Date: _____

Registration Date : _____

Registration No. : _____