



# NATC INSTITUTE

## School of Business

- UEN No: 201113270M
- ERF: 05/09/14 to 04/09/18
- Email: [enquiry@natcinstitute.com](mailto:enquiry@natcinstitute.com)
- Website: [www.natcinstitute.com](http://www.natcinstitute.com)

### STUDENT APPLICATION FORM

<b>Application Procedure</b> 1) The completed Application Form should be attached together with: <ul style="list-style-type: none"> <li>✓ Copy of NRIC / Student Pass / Passport</li> <li>✓ Copies of relevant educational certificates and transcripts</li> <li>✓ Copy of Medical Insurance Certificate (If Any)</li> <li>✓ RPL Form (If Applicable)</li> <li>✓ Copy of Supporting Documents for RPL Application (If Applicable)</li> </ul> 2) Applicants must meet entry requirements of desired course. 3) Successful applicants will receive a Letter of Offer and are required to enter into a student contract with NATC Institute.	INSERT PICTURE
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Section A: Course Details	
Name of Course (Please state Full-Time or Part-Time)	Commencement date:

Section B: Personal Particulars of Applicant				
Name as in NRIC / Passport				<b>Highest Qualifications</b> (attach copies of relevant certificates and transcripts)
NRIC / Passport No.	Nationality	Age	Date of Birth (DD/MM/YYYY)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Address ( )			
Race / Religion	Mobile No.	Office No.	Home Tel No.	
Email				
				<input type="checkbox"/> GCE N-Level <input type="checkbox"/> GCE O-Level <input type="checkbox"/> NITEC / Higher NITEC <input type="checkbox"/> GCE A-Level <input type="checkbox"/> Diploma <input type="checkbox"/> Others: _____

Section C: Details of Parent or Guardian (For Applicants below 18 years old) / Contact in cases of Emergency		
Name:	Relationship:	Contact No.:
Address:		

Section D: Mature Applicants Only		
Employment History		
Name of Employer	Job Title / Duties & Responsibilities	Year(s) of Experience
1)		
2)		
3)		
4)		

Section E: Survey		
I came to know about NATC Institute through:		
<input type="checkbox"/> Walk In	<input type="checkbox"/> Friend/Referral Please state the name of the friend/referral: _____	<input type="checkbox"/> Social Media / Internet: Please state the site you visited: _____
<input type="checkbox"/> Recruitment Agent Please state the name of the agent: _____	<input type="checkbox"/> Advertisements Please state where you saw the advert: _____	<input type="checkbox"/> Others Please state: _____

**Section F: Declaration**

Do you have any medical condition that the School has to be aware of? YES  NO

If yes, please provide details: \_\_\_\_\_

Do you have any criminal record that the School has to be aware of? YES  NO

If yes, please provide details: \_\_\_\_\_

I, \_\_\_\_\_ (Full Name) of \_\_\_\_\_ (NRIC / PP No.) hereby declare that the information provided by me in this form is true and complete to the best of my knowledge. I accept that NATC Institute reserves its right to reject applications thereof, without reasons given. I further agree that the application fee paid by me shall be forfeited if I decide not to proceed with the enrolment.

\_\_\_\_\_  
Signature of Applicant & Date

\_\_\_\_\_  
Signature of SSS Representative & Date

**FOR OFFICIAL USE****Selection Checklist**

Comments: \_\_\_\_\_

Verified the Originality and Authenticity of all necessary documents:  YES  NO

Meet course entry requirements:  YES  NO

\_\_\_\_\_  
Name of SSS Personnel/Designation/Signature/Date

**1<sup>st</sup> Round of Review and Selection By Academic Manager**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Selected: YES  NO

\_\_\_\_\_  
Name of Academic Manager/Signature/Date

**Approval Checklist (2<sup>nd</sup> Round of Review and Selection By Principal)**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Approved: YES  NO

\_\_\_\_\_  
Name of Principal/Signature/Date