

**Applicaton Form for Tamhidi (Foundation) UNISSA**

**SECTION 1 PRELIMINARY IINFORMATION**

- 1) Please complete in BLOCK LETTERS  
2) Tick (✓) where applicable

Course	Tamhidi in Sciences of Halal & Agriculture
	Tamhidi in Business, Technology & Management
Intake	January
	August

Affix Photo

**SECTION 2 PERSONAL INFORMATION**

<b>Full Name</b> (As per local Identity Card)			
Identity Card No./Passport No		I.D Colour	
Place of Birth		Nationality	
Race		Religion	
Date of Birth	/ /	Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/>
Occupation		Personal Email	
Office Address			
Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Age
Current Address			
Telephone No.	Home/Mobile		
Permanent Home Address			

**SECTION 3 ACADEMIC / PROFESSIONAL QUALIFICATIONS**

Please list all School / College / Professional qualifications that you have taken **from Age 15** and their results.

Examination Date	Name of Examination	Name of School/College	Results

Please give details of any english language qualifications you have obtained e.g IELTS or TOEFL

Examination Date	Name of Examination	Results

**SECTION 4 PARENT / GUARDIAN INFORMATION**

<b>Father / Guardian 's Name (As per Identity Card)</b>			
Identity Card No./Passport No		I.D Colour	
Relationship			
Company Name & Address			
Place of Birth		Nationality	
Race		Religion	
Occupation		Mobile Tel. No :	
E-mail		Office Tel. No :	
<b>Mother / Guardian 's Name (As per Identity Card)</b>			
Identity Card No. / Passport No		I.D Colour	
Relationship			
Company Name & Address			
Place of Birth		Nationality	
Race		Religion	
Occupation		Mobile Tel. No	
Email		Office Tel. No	

**SECTION 5 MEDICAL / HEALTH DECLARATION**  
Please state medical issues / situations that the college administration has to be aware of.

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**SECTION 6 FEE PAYMENT METHOD / FINANCIAL AID** Please mark (X) where applicable

Self Financed     
  Government Scholarship  
 Other scholarship (name organisation & details): \_\_\_\_\_

**SECTION 7 DECLARATION**

I declare that all information given in this form is correct and complete. I understand that giving false information would results in rejection of my application. I hereby agree for Kolej IGS to check my qualifications whenever necessary. I also confirm that I have the original copies of the certificates and be able to produce them when requested.

Applicant's Signature:	Parent / Guardian's Signature:
Date:	Date:

**SECTION 8 FOR OFFICE USE ONLY**

Application Accepted     Full Offer                       Conditional Offer  
 Semester Admitted       January                               August  
 Conditions \_\_\_\_\_  
 Exemptions \_\_\_\_\_  
 Date Entered               Letter of Offer Issued For January Intake  
 Date Entered               Letter of Offer Issued For August Intake

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

Registrar's Endorsement  
 Kolej International Graduates Studies  
 Brunei Darussalam