



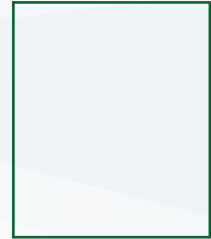
RIMBUNAN HIJAU ACADEMY SDN BHD

APPLICATION FOR ADMISSION
PERMOHONAN KEMASUKAN

(L01903)

All sections of the forms must be completed
Semua bahagian borang mesti diisi.

USE CAPITAL LETTERS
GUNAKAN HURUF BESAR



PROGRAMME APPLIED FOR

Courses

- Light Vehicle Repair & Diagnose Service (Level 2 & Level 3)
G452-002-3:2018
- Pastry Production (Level 2 & Level 3)
HT-014-3:2011
- Culinary Arts Operation (Level 2 & Level 3)
I561-005-3:2022
- Early Childhood Care & Development Education (Level 3)
T982-001-3:2017

NAME OF APPLICANT / NAMA PEMOHON

Full Name (as per IC) / Nama Penuh (mengikut Kad Pengenalan)

No. Application Checklist / Senarai Semak Permohonan

1. One copy of I.C / *Kepilkan satu Salinan kad pengenalan.*
2. One copy of academic certificate and School Leaving Certificate / *Kepilkan satu salinan Sijil akademik & Sijil berhenti sekolah.*
3. Three (3) passport sized photo (White background). One photo to be attached to the application form. Please write your name and I.C number at the back of photo. / *Tiga (3) gambar bersaiz passport (Latar belakang putih). Satu dilekat pada borang. Sila tulis nama dan nombor kad pengenalan di belakang gambar.*
4. Select T-shirt / *Pilih saiz T-shirt* S M L XL XXL

Personal Details / Maklumat Peribadi

I.C./Passport Number / No K.P/Pasport

Date of Birth / Tarikh Lahir

Nationality / Warganegara

Race / Bangsa

Status:

Married/Berkahwin Single/Bujang

Gender/Jantina:

Male/Lelaki Female/Perempuan

Home Address / Alamat Rumah:

Home Phone Number / Telefon Rumah:

H/P Number / Telefon Bimbit:

Email:

2. EDUCATION BACKGROUND / LATAR BELAKANG PENDIDIKAN

Name of University/College/School <i>Nama Universiti/kolej/Sekolah</i>	Qualification Awarded <i>Kelayakan Diterima</i>	Year <i>Tahun</i>	Specialisation <i>Pengkhususan</i>

3. EMPLOYMENT BACKGROUND/LATAR BELAKANG PEKERJAAN

Title of Job/Position Held (Recent first) <i>Jawatan Dipegang (Dahulukan yang terkini)</i>	Name of Organization <i>Nama Organisasi</i>	Employment Date(Start-End) <i>Tarikh Pekerja</i>

4. SPECIAL CIRCUMSTANCES/KEADAAN KHAS

Do you have any disability, impairment or long term medical condition which may affect your studies?
Adakan anda mempunyai sebarang masalah kesihatan atau rintangan fizikal yang mungkin akan memberi kesan kepada pembelajaran anda?

Yes/Ya

No/Tidak

If you do, please provide extra information/ *Sekiranya ya, sila beri maklumat lanjut*

5. EMERGENCY CONTACTS/KECEMASAN

(i) Relative/*Keluarga*

Name/*Nama:*

Relationship/*Hubungan:*

Telephone/*Telefon:*

H/P No/ *Tel. Bimbit:*

(ii) Others/*Lain-lain*

Name/*Nama:*

Relationship/*Hubungan:*

Telephone/*Telefon:*

H/P No/ *Tel. Bimbit:*

6. AUTHENTICATION AND SIGNATURE / PENGESAHAN DAN TANDATANGAN

I hereby confirm that all information on this form is true and correct. I agree that RHA reserves the right to change the decisions regarding admission if the information given is incorrect or incomplete.

Saya mengesahkan bahawa semua maklumat dalam barang ini adalah sahih dan benar. Saya bersetuju bahawa RHA berhak untuk mengubah keputusan berkenaan kemasukan sekiranya maklumat yang saya berikan adalah tidak benar atau tidak lengkap.

Signature of Applicant/*Tandatangan Pemohon*

Date/*Tarikh*