



Student Registration Form

APPLICANT DETAILS

1. Personal Information (As mentioned in Passport)

IITM/DIP/3001

Name:						
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other	<input type="checkbox"/>
Date of Birth:	Date	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>
CID Number:						
Passport Details:	Number:					
	Issue Date:					
	Expiry Date:					
Marital Status:	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>

2. Permanent Address: (Dzongkhag/Dungkhag)

Village:	<input type="text"/>	Gewog:	<input type="text"/>	Dzongkhag:	<input type="text"/>
----------	----------------------	--------	----------------------	------------	----------------------

3. Present Address

City/Throm:	<input type="text"/>	Dzongkhag:	<input type="text"/>	Contact No:	<input type="text"/>
Email Address:	<input type="text"/>		Postal Address (for mailing):	<input type="text"/>	

4. Education History (Class X, XII, Degree and Masters)

Name of School/College/Institute:	Stream/ Course:	Year of Completion:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Employment Details: Please tick the relevant box

Employment Status:	Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>
			Student	<input type="checkbox"/>	Other	<input type="checkbox"/>



6. Institution/College/University Details:

Name: _____ City: _____ Country: _____

7. Type of Course: Please tick the relevant box

Certificate Diploma Graduate Masters PhD

8. Course Details:

Name of Course: _____
Course Code: _____
Intake Date: _____
Completion Date: _____

9. Emergency Contact Person Details:

Name:		Contact No:	
Relation:		Email Address:	

10. English Language Proficiency Test:

IELTS	<input type="checkbox"/>	TOEFL	<input type="checkbox"/>	PTE	<input type="checkbox"/>	Others:	_____
Score:	Reading _____	Writing _____	Listening _____	Speaking _____	Overall	_____	

For Official Use Only

Application received on: _____ Time _____

Received by: _____

Signature _____

In presence of:

Name:
CID No:
Contact No:
Signature:

Signature of Student with Affixed Legal Stamp