

STUDENT APPLICATION FORM

Student Picture

Title
Module
Date

Student Code
Batch No.

Name in full (Block Letters)	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																													
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Educational Background

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Present Employment

Company	Period	Designation	Contact

Contacts In Case of Emergency

Names	Relationship	Office / Home Address	Contact

Declaration by Applicant

1. I declare that the information given above is true to the best of my knowledge. I understand that should I make any false declaration, I shall be liable for disqualification and expulsion from the course of study.
2. I agree to conform to the rules and regulations governing the participation in this course and to practice and follow work, safety standards when in the premises.
3. I understand that courses may be canceled if their are insufficient number of applications to form a class. I agree that RICA reserves the right to combine, dissolve or cancel any courses when attendance are low.
4. Payments are non refundable in any case.

Signature: _____ Date: _____

For office use only

Approved By:

Head of RICA: _____

Chairman / Director: _____