

Fo	r Office Use	
Student ld:		

Any Note:

INFORMATION FORM

Want To Apply For: Any City Preference : Visa Type :

Study PR Visitor

PERSONAL INFORMATION

Applicants Name	:						Date:						
								D	D	М	М	Y	Υ
Parents Name	: (F)					(M)							
Phone Number	:				Date	Of I	Birth :	D	D	M	М	Y	Y
E-Mail	:							D	J	IVI	IVI	·	T
Full Address	:												
City	•			S	tatus:		Single	P	Marri	ed		Divo	rce
Spouse Name	:				-	ous							
.,				Da	ate (e Of Birth:	D	D	M	М	Υ	Υ	
		Qualification			Board/University			Passing Year					
				1									
				1				1					
				T									
		Work Experience		F	From Year & Month			To Year & Month					
				I									
				1				1					
English Test	:	IELTS	PTE		OTHER		NO						
If Yes Then Your	Score	:	R	V	V		S		L			(Overal

From Where You Come to Know About Us: