



AG SCHOOL OF BUSINESS AND COMPUTER STUDIES (PVT) LTD

Your Quality Career Development Partner

01, 2nd Cross Street, Negombo

STUDENT REGISTRATION FORM

Attached
02
passport size
photographs

Personal Information

Title : Mr / Mrs / Master / Miss / Dr / Other

Full Name :

Name to be appeared on Certificate :

Permanent Address :

Date of Birth : Date: Month: Year:

NIC / Passport No :

Telephone No : Mobile No:

E-Mail :

If Employed

Institution :

Telephone No : Fax No:

Emergency Contact

Name :

Telephone No :

Educational Details : School/ University/ Institution/ Other Year

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Source of introduction to AGS

Newspaper Advertisement: AGS Web Site:

Banners: Recommended by Friend/Relative:

Newspaper Leaflet: Recommended by a present student:

Hand Bill: Other (Please specify)

Course Details

Management - ICT - Language - Other -

Course Name:

Subjects 1 2
 3 4
 5 6
 7 8

I certify that the information stated in this form and supporting documents are true and accurate.

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Applicant's Signature

Date

Note:

Batch and course transfer will be permitted only **within two weeks** of commencement of the course

For office use only

Course Code:..... Student Registration No:.....

Course Commences on:..... Course Concludes On:.....

Course Fee: Rs.....

Payment Plan:

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Initial Payment: Date: Receipt No:

Application Date: Authorised By:

Other comments:

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Accountant

Transaction Recorded Date: Signature:

Issue 01, dated 2009-05-16	Reviewed by _____MR	Approved By _____MD	Page 2 of 2	Control stamp
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