



Air Transport Training College

Professional Development Centre of the Singapore Institute of Aerospace Engineers
190 Changi Road #04-01 MDIS Building Singapore 419974 Website <http://www.attc.edu.sg>
DID +65 6603 6603 Fax +65 6346 0115 Email sales@attc.edu.sg Co Reg 199901790-H

COURSE APPLICATION FORM 课程报名表格

Course 课程

Attach photo here
贴上照片

Commencing Date 开课日期 :

Applicant Particulars 申请者资料

Name : (English)		姓名 : (中文)	
NRIC 身份证号码 / Passport No 护照号码 / Work Permit / PR No :			
Student Pass No. 学生证号码 :		Student Pass Expiry Date 学生证有效日期 : dd/mm/yy	
Date of Birth 出生日期: dd/mm/yy	Age: years	Gender 性别: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
Nationality 国籍	<input type="checkbox"/> Singaporean 新加坡公民 <input type="checkbox"/> Permanent Resident 永久居民 <input type="checkbox"/> Malaysian 马来西亚公民 <input type="checkbox"/> People's Republic of China 中国公民 <input type="checkbox"/> Others 其它 : (Please specify 请写明)		
Completed National Service 完成国民服役: <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Not Applicable 不可适用			
Email 电子邮件地址 :			
Address in Singapore 新加坡住家地址 : S()			
Company's Name 公司名称 :			
Company's Address 公司地址 : S()			
Designation 职衔 :		Working Experience 工作年资 : year(s)	
Highest Educational Qualification 学历 : PSLE / N LEVEL / O LEVEL / A LEVEL / NITEC / DIPLOMA / DEGREE			
Others 其它 (Please specify 请写明) :			
Tel no 电话 :	(Home 住家)		(Handphone 手提电话)
	(Office 办公室)		(Fax no. 传真号码)



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Family Member Particulars 家庭成员**

Name 姓名	Relationship 关系	Date of birth 出生年月	Occupation 职业

Note: ** Not required for short courses (3 days or less)

In case of emergency

Person to contact:	Contact No:
Relationship with applicant:	

Education Level 教育资历

From (YYYY/MM) 从(年月)	To (YYYY/MM) 到(年月)	Name of Institution 学府名称	Highest Qualification(s) 最高学历

Please tick the appropriate box for each of the following

YES 是 / NO 否

Have you ever been refused entry into or deported from any country? 是否被任何国家驱逐出境或被拒入境?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted in a court of law in any country? 是否在任何国家有犯罪记录?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been prohibited from entering Singapore? 是否曾被新加坡禁止入境?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever entered Singapore using a different Passport or Name ? 是否曾以不同护照或姓名入境新加坡?	<input type="checkbox"/>	<input type="checkbox"/>



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ONLY to be filled in by International Student 外籍学生资料

Hometown Address 住家地址 :	
Contact No 联系电话 :	Height 身高 : m
	Weight 体重 : Kg

Declaration by Applicant 申请者声明书

I hereby declare that all information provided in this form is complete and accurate. I have read and understood the College's Terms and Conditions. I understand that if any incomplete or incorrect information is furnished, my admission will be withdrawn. As a Student, I will observe and abide by the Rules & Regulations of the College.

Signature of Applicant 签名

Date 日期

Refund Policy

Percentage*	If Student's withdrawal form is received by ATTC before the intended withdrawal date
100%	At least 2 weeks before course commencement date
50%	1 week before course commencement date
0%	Less than 1 week before course commencement

Note *- No refund on administrative fees (i.e. exams fees, SIAE membership fees, registration fees)

所有行政费不得退还

All courses are non-transferable.

所有课程不可转让

All students particulars and personal information will be kept confidential.

所有学生的表格与个人质料都会被保密

FOR OFFICIAL USE ONLY

DATE	CASH	CHEQUE
		Cheque no :
AMOUNT \$	RECEIPT NO	RECEIVED BY