Singapore Cambodia Academy

Singapore specializes computer expertise and training

ADMISSION FORM

Fill in Block Letters:

Full Name: Gender: Male / Female

Date of birth:

Current Address:

Contact:

Profession: School/Company:

Qualification:

2nd Language: Level:

Course Session:

Declaration by the Student:

I declare that the above information is true to the best of my knowledge and belief. I agree to abide by the rule and regulation of **Singapore Cambodia Academy.**

Date:

Place: Signature of the Student

FOR OFFICE USE ONLY

Account no.:

Name: Batch Date:

Course: Session:

Signature of Counsellor & Date Signature of Director & Date