



MEP EDUCATION

STUDENT ADMISSION FORM

For Fire Fighting System Design & Drafting Course

1. Personal Information

- First Name: _____
 - Middle Name: _____
 - Last Name: _____
 - Full Name: _____
 - Date of Birth (M/D/YYYY): _____
 - Gender: ☐ Male ☐ Female ☐ Other
 - Nationality: _____
 - ID/Passport Number: _____
-

2. Contact Details

- Address: _____
 - City: _____ State: _____
 - Country: _____ Zip Code: _____
 - Mobile Number: _____
 - WhatsApp: _____
 - Email Address: _____
-

info@mep.education / www.mep.education

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3. Educational Background

- Highest Qualification:
☐ High School ☐ Diploma ☐ Bachelor's ☐ Master's ☐ Other _____
 - Field of Study: _____
 - Institution/University: _____
 - Year of Completion: _____
-

4. Professional Information (*if applicable*)

- Current Employer/Organization: _____
 - Designation/Job Title: _____
 - Work Experience (Years): _____
 - Relevant Experience in MEP (Yes/No): _____
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5. Course Enrollment Details

Fire Fighting System Design & Drafting:

Mode of Learning

(Please tick the Course Details)

- ☐ Online Training
- ☐ Hybrid Training
- ☐ Self Study
- ☐ Classroom Training

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Preferred Batch Timing:

(Please tick the Batch Timing)

- ☐ Weekdays (Morning)
- ☐ Weekdays (Evening)
- ☐ Weekends (Morning)
- ☐ Weekends (Evening)
- ☐ Weekends (Morning & Evening)

Course Duration 8 – 16 Weeks (Based on selected track)

5. Skills & Learning Objectives

- What are your main goals in taking this course?
 - ☐ Career Advancement
 - ☐ Skill Upgrade / Professional Development
 - ☐ Academic Knowledge Support
 - ☐ Transitioning into MEP / HVAC Industry
 - ☐ Other: _____
- Please describe briefly why you are interested in joining this program:

6. Supporting Documents (To be Attached)

- ☐ Copy of Passport / National ID
- ☐ Copy of Latest Educational Qualification Certificate
- ☐ Updated CV / Resume
- ☐ Passport-size Photograph (Recent)

7. Payment & Fee Details

- Course Fee: USD _____
- Mode of Payment: ☐ Bank Transfer ☐ Credit/Debit Card ☐ PayPal ☐ Cash
- Payment Status: ☐ Paid ☐ Pending ☐ Installments Requested
- Transaction / Reference Number: _____

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8. Terms & Conditions

1. All fees once paid are non-refundable.
2. Admission will be confirmed only after verification of documents and full or partial payment.
3. The institution reserves the right to change class schedules, trainers, or training platforms if required.
4. Participants must maintain discipline and adhere to professional ethics during the course.
5. Certificate will be awarded only upon successful completion of assignments, projects, and final assessment.

I hereby declare that the information provided above is true to the best of my knowledge. I agree to abide by the rules and regulations of the institution.

Signature of Applicant: _____

Date: ____ / ____ / ____

6. Emergency Contact

- Name: _____
- Relationship: _____
- Contact Number: _____

7. For Office Use Only

- Admission Number: _____
- Course Enrolled: _____
- Batch/Session: _____
- Fees Paid: ☐ Yes ☐ No
- Payment Reference No: _____
- Admission Approved By: _____
- Date of Admission: _____

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