|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Registration Form** | | | | | |
| **Date** |  | | | | |
| **First Name** |  | | | | |
| **Last Name** |  | | | | |
| **Contact Number** |  | | | | |
| **Contact e-mail** |  | | | | |
| **Address** |  | | | | |
| **Level of Study** | **SSC** | | **HSC** | **BACHELOR** | **MASTERS** |
| **Passing Year** |  | |  |  |  |
| **Preferred Country for Studying** | | | | | |
| **Choice 1** | |  | | | |
| **Choice 2** | |  | | | |
| **Choice 3** | |  | | | |
| **Preferred Subject of Study** | | | | | |
| **Choice 1** | |  | | | |
| **Choice 2** | |  | | | |
| **Choice 3** | |  | | | |
| **To be completed by the consultant** | | | | | |
| **Registration Number** | |  | | | |
|
|
| **Name & Signature** | |  | | | |