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| **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** |   |