

## IBS COLLEGE MUET REGISTRATION FORM

I.	PERSONAI	L DETAILS				
Name:			Current Addr	ess:		
			_			
IC No:			Permanent Address:	_		
Gender:			Email Addres	ss:		
Age:			Contact No.:			
II.	MUET EXA	MINATION/R	EVISION C	LASS DE	TAILS	
Evamina	tion Session :	March/July/Nove	emher**			
Year :		Maron/odly/140vc	ATTIDOT			
Course Fees & Examination Fees :		RM 610				
MUET Tuition :  **Please stroke (-) if not a		Yes / No ** applicable				
III. <b>DECLARATION</b> I hereby acknowledged to register for <b>Malaysian University English Test (MUET)</b> for the session and fees as per stated above. I request IBS College to proceed with the registration for the examination.						
Applicant IC No: Date:	Name:					
For Office		I.	D :			
Registratio	n form received	by:	Dat	te:	<del></del>	
Fee payme	nt received by: _		Amount:		Ref:	Date:
Online Registration by:			Date:			

For Enquires & Registration, Please Contact:

## **Admission Department IBS College**

Lot 1117 & 1118, Bangunan Tabung Baitulmal, Pelita Commercial Centre, Jalan Sehati, 98000 Miri, Sarawak.

Tel No: 085 – 438 666 Fax No: 085 – 420 916