

**Below sections are to be filled by the student - Please select the course you wish to enroll**

|   |  |                                     |  |                               |  |  |                                     |                            |  |  |                                  |                                  |              |
|---|--|-------------------------------------|--|-------------------------------|--|--|-------------------------------------|----------------------------|--|--|----------------------------------|----------------------------------|--------------|
| <b>Degree Programmes</b><br><input type="checkbox"/> BEng (Hons) in Electrical & Electronic Engineering<br><input type="checkbox"/> BEng (Hons) in Robotics and AI<br><input type="checkbox"/> BSc (Hons) in Data Science | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>Pearson BTEC (HND)</b></td> <td style="text-align: center;"><input type="checkbox"/> CAIT</td> </tr> <tr> <td><input type="checkbox"/> Digital Tech:</td> <td><input type="checkbox"/> Electrical &amp; Electronic Engineering</td> <td><input type="checkbox"/> Foundation</td> </tr> <tr> <td colspan="3"><b>Other Courses</b> .....</td> </tr> <tr> <td>Weekend <input type="checkbox"/></td> <td>Weekday <input type="checkbox"/></td> <td>Reg.No. ....</td> </tr> </table> | <b>Pearson BTEC (HND)</b>           |  | <input type="checkbox"/> CAIT | <input type="checkbox"/> Digital Tech: | <input type="checkbox"/> Electrical & Electronic Engineering | <input type="checkbox"/> Foundation | <b>Other Courses</b> ..... |  |  | Weekend <input type="checkbox"/> | Weekday <input type="checkbox"/> | Reg.No. .... |
| <b>Pearson BTEC (HND)</b>   |  | <input type="checkbox"/> CAIT       |  |                               |  |  |                                     |                            |  |  |                                  |                                  |              |
| <input type="checkbox"/> Digital Tech:  | <input type="checkbox"/> Electrical & Electronic Engineering   | <input type="checkbox"/> Foundation |  |                               |  |  |                                     |                            |  |  |                                  |                                  |              |
| <b>Other Courses</b> .....  |  |                                     |  |                               |  |  |                                     |                            |  |  |                                  |                                  |              |
| Weekend <input type="checkbox"/>  | Weekday <input type="checkbox"/>   | Reg.No. ....                        |  |                               |  |  |                                     |                            |  |  |                                  |                                  |              |

### Personal Details

#### PLEASE USE BLOCK CAPITALS

|   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Title   | <input type="checkbox"/> Mr.  | <input type="checkbox"/> Ms.                | <input type="checkbox"/> Other .....  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name with Initials<br><i>(Ex- A.B.C Perera)</i> | <table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name Indicated By Initials                      | <table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gender  | <input type="checkbox"/> Male   | <input type="checkbox"/> Female             | Date Of Birth (DD/MM/YYYY) <span style="border: 1px solid black; padding: 2px;">DD / MM / YYYY</span>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> NIC No.                | <input type="checkbox"/> Passport No.   | <input type="checkbox"/> Driving License No | <table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address   | <table border="1" style="width: 100%; border-collapse: collapse; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| Student's | Parent/Guardian |
|-----------|-----------------|
| Mobile    | Name            |
| WhatsApp  | Emergency No    |
| Email     | Email           |
|           | Profession      |

### Entry Qualifications

|                            |   |  |         |         |  |  |
|----------------------------|---|--|---------|---------|--|--|
| <b>O-Level Examination</b> | <input type="checkbox"/> Local O-Levels | <input type="checkbox"/> London O-Levels | Year    | 2       |  |  |
|                            | School                                  |  |         |         |  |  |
| Results                    | Subject                                 | Results                                  | Subject | Results |  |  |
|                            |   |  |         |         |  |  |
|                            |   |  |         |         |  |  |
| <b>A-Level Examination</b> | <input type="checkbox"/> Local A-Levels | <input type="checkbox"/> London A-Levels | Year    | 2       |  |  |
|                            | Stream                                  |  |         |         |  |  |
| Results                    | Subject                                 | Results                                  | Subject | Results |  |  |
|                            |   |  |         |         |  |  |
|                            |   |  |         |         |  |  |

#### Other Qualifications

Please Attach Copies Of Related Academic Certificates

Extra-Curricular Activities (Sports, Music, etc...)

Special Needs

### DECLARATION OF APPLICANT

Please check this box to confirm that you agree with the following statements.

"I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I agree to abide by the rules and regulations of SLT-Mobitel Nebula Institute of Technology." **Course registration fee is non-refundable**

|       |  |           |
|-------|--|-----------|
| ..... |  | .....     |
| Date  |  | Signature |

### Office Use Only

**Marketing Survey**

Please select the media source(s) through which you get to know about this course.  
 In completing this section, you are helping us to monitor the effectiveness of the marketing media.

|                          |                    |                          |                            |                          |                       |                          |              |                          |       |
|--------------------------|--------------------|--------------------------|----------------------------|--------------------------|-----------------------|--------------------------|--------------|--------------------------|-------|
| <input type="checkbox"/> | Newspaper<br>..... | <input type="checkbox"/> | Facebook                   | <input type="checkbox"/> | SMS                   | <input type="checkbox"/> | Friend       | <input type="checkbox"/> | Other |
|                          |                    | <input type="checkbox"/> | E-Flyers                   | <input type="checkbox"/> | Radio                 | <input type="checkbox"/> | SLT Employee |                          |       |
| <input type="checkbox"/> | Exhibition         | <input type="checkbox"/> | Training Centre<br>Website | <input type="checkbox"/> | From Previous Student |                          |              |                          | ..... |

**Payments**

|  |                                  |  |  |  |  |  |  |                                 |  |            |  |  |  |  |  |  |  |  |  |  |  |
|--|----------------------------------|--|--|--|--|--|--|---------------------------------|--|------------|--|--|--|--|--|--|--|--|--|--|--|
| Amount   |                                  |  |  |  |  |  |  |                                 |  |            | Receipt No                               |  |  |  |  |  |  |  |  |  |  |
| Payment Method                                 | <input type="checkbox"/> Cash    |  | <input type="checkbox"/> Credit/Debit Card |  |  |  |  | <input type="checkbox"/> Cheque |  |            | <input type="checkbox"/> Online Transfer |  |  |  |  |  |  |  |  |  |  |
| Received                                       | <input type="checkbox"/> ID Copy |  | <input type="checkbox"/> Photos            |  | <input type="checkbox"/> Edu. Certificates |  |  |                                 |  | Other..... |  |  |  |  |  |  |  |  |  |  |  |
| Commencement informed by<br>(Mention the date) |                                  |  |  |  |  |  |  |                                 |  |            |  |  |  |  |  |  |  |  |  |  |  |

|                               |                                 |
|-------------------------------|---------------------------------|
| <b>Filled by SLT employee</b> | <b>Filled by external party</b> |
|-------------------------------|---------------------------------|

I hereby confirmed that above details are true and correct

|                 |          |           |      |
|-----------------|----------|-----------|------|
| Name:           | Name:    |           |      |
|                 |          |           |      |
| Service No:     | NIC No   |           |      |
| Contact Details | WhatsApp |           |      |
| Email:          | Email:   |           |      |
|                 |          |           |      |
| Signature       | Date     | Signature | Date |

|                  |                         |  |  |
|------------------|-------------------------|--|--|
| Current Course – | <b>Future Potential</b> |  |  |
| Remarks -        |                         |  |  |
|                  | Foundation              |  |  |
|                  | DT                      |  |  |
|                  | EE                      |  |  |
|                  | UH                      |  |  |
|                  | Other                   |  |  |

**Below section is for OFFICE USE ONLY. – UH Degree Programme -**

**Admission**

|               |                |  |
|---------------|----------------|--|
| Applicant No. | Year           |  |
| UCAS code(s)  | Programme Code |  |
| Pathway       | Entry Level    |  |

**Entry Qualifications**

|  |                                      |  |  |
|--|--------------------------------------|--|--|
| A-Level Examination Results            | <input type="checkbox"/> Qualified   | <input type="checkbox"/> Not - Qualified |  |
| Certificates                           | <input type="checkbox"/> Attached    | <input type="checkbox"/> Not - Qualified |  |
| English Language Proficiency           | <input type="checkbox"/> Qualified   | <input type="checkbox"/> Not - Qualified |  |
| Certificates                           | <input type="checkbox"/> Attached    | <input type="checkbox"/> Not - Qualified |  |
| Academic Decision                      |                                      |  |  |
| <input type="checkbox"/> Unconditional | <input type="checkbox"/> Conditional | <input type="checkbox"/> Reject          |  |
| Conditions / Reason for reject         |                                      |  |  |

.....  
 Date Signature