

ADMISSION APPLICATION FORM

1 PERSONAL DETAILS

TITLE Mr Mrs Ms

FAMILY NAME:

FIRST NAME:

Date of Birth (DD/MM/YY)

Gender MALE FEMALE

ADDRESS:

TOWN/CITY:

POSTAL CODE:

PROVINCE:

COUNTRY:

Telephone (Incl. Area Code):

E-mail:

*Are you Associated with Corporate Training Program? Yes No

If Yes, Please provide name of your Company: _____

4 TECHNICAL QUALIFICATIONS

Please provide details of your Technical Qualifications (If Any) – Optional

YEAR COMPLETED	TECHNICAL CERTIFICATION DETAILS	LEVEL - GRADE

5 FEES INFORMATION

Note: Fees for Courses varies from Module to Module. For exact fee details information, please contact **SI & T Info systems**.

Accepted Form of Payments:

Bank Deposit:

BANK NAME: TD CANADA TRUST

A/C NAME: SI & T INFOSYSTEMS

A/C NO: 8106 5006 765

Note: Please retain a copy of Bank fee deposit receipt with you for your records.

Alternatively Fees can also be **paid** in the form of – **Cheque or Demand Draft** made Payable to “**SI & T INFOSYSTEMS**”.

Fee Refund Information: Please refer to “**Declaration Page of this Application Form**”.

6 HEALTH & DISABILITY

Please provide details of any health or physical disabilities that you may have.

- Do you have any physical disability that may affect your studies? Yes No

If yes, _____

- Do you have any eye - related illness that may affect your studies? Yes No

If yes, _____

- Do you have any other mental disability that needs special provisions? Yes No

If yes, _____

7 DECLARATION & SIGNATURE

I wish to be considered for admission to the course shown in Section 2 of this Application Form

- I declare the information that will be supplied in this application and the documentation supporting it will be correct & complete
- I declare that I am fully aware of the fee Refund policy out-lined below by **SI & T Infosystems**
 - I. Fee will be Refunded to the applicant if He/She Decides the withdraw from the Course ONLY before the Commencement of the 2nd Training Class of the Course

- II. Fee will be Refunded to the applicant if He/She encountered any sudden health or medical problem. Please note that the applicant needs to provide letter from Health Services of applicable province and from a Doctor
- III. Fee will be Refunded to the applicant if **SI & T Infosystems** Cancels an On-Going Course Batch for an **In-definite Period ONLY** for any reason. Please Note: Amount of Fee Refunded will depend on the Training Sessions that has been completed in a particular Course. If half of Training Hours has been already completed then **ONLY** half – fee will be refunded to the applicant.
- IV. Fee will be Refunded to the applicant if **SI & T Infosystems** Cancels the On-going Batch **Permanently** in an event of any Natural disaster such as Earthquakes etc.
- I declare that I am fully aware of the fact that **NO FEE** will be Refunded to me if I choose to withdraw from the course for any of **my** personal reasons (except any medical conditions outlined above)
 - I declare that I am aware of the fact that **SI & T Infosystems** charge an admin fee of **200\$ CAD** for any fee refunded to me under any circumstances
 - I declare that I am responsible to pay back in full for **any damage** that I cause to **SI & T Infosystems** property such as laptops, computers, tables or any other property in the building etc where the course will be held
 - I declare that I am fully aware that the Course Material supplied to me by **SI & T Infosystems** is the property of **SI & T Infosystems** and I shall **NOT** re-produce the copies of it under any circumstances
 - I declare that I am fully aware of the fact that **I WILL NOT** receive any Certification from **SI & T Infosystems** upon successful completion of the Course and it is my personal responsibility to apply for a Certification Examination from **SAP AG**
 - I declare that I am fully aware of the fact that **SI & T Infosystems WILL NOT** provide any Job Placement Services to me upon Successful Completion of the above mentioned course
 - I declare that I **received** the complete course material contents from **SI & T Infosystems** for the course outlined in Section 2 of this application form
 - I declare that I am fully aware of the policies and procedures outlined in this application form by **SI & T Infosystems**

NAME (please print):

Signature:

Date: / /