UNIVERSITY of CAMBRIDGE International Examinations
CAMBRIDGE INTERNATIONAL CENTRE

الأكاديمية الوطنية لنظم المعلومات
National Academy of Information Systems

Tel.: 04 3349545, Fax : 04 3374577, P.O.Box : 13557, www.naisedu.com
تليفون: ٠٤ ٣٣٤٩٥٤٥، فاكس: ٠٤ ٣٣٧٤٥٧٧، ص.ب: ١٣٥٥٧، دبي - ا.ع.م

STUDENT REGISTRATION FORM

Photo

Date : ____ ____ ____ (DD MM YY) Admission No : ____

Name : ____ (Family) ____ (First) ____ (Middle)

Address : ____ (Po Box) ____ (Street) ____ (Emirates)

	Student Contact	Parent / Guardian Contact
Mobile :		
Tel :		
Email :		

Nationality : ____ Passport No: ____

Date of Birth: ____ (DD MM YY) Sex : ☐ Male ☐ Female

School / College / Company ____

Please choose your course from below options

☐ Human Resource ☐ Business Finance ☐ Marketing ☐ Customer Relationship

☐ Computer / Graphics ☐ I.T ☐ Total Quality Management

☐ ICDL ☐ IELTS ☐ TOEFL ☐ ENGLISH ☐ ARABIC

☐ CFA ☐ CMA ☐ CIA ☐ FRM ☐ ACCA

Others Please Specify : ____

For Office Use Only - Payment Details

Date	Receipt No:	AED

Remarks

I understand & agree that if I fail to remit the said payment on the agreed dates, I/my ward will not be allowed to attend further classes

الرسوم المدفوعه غير قابله للاسترداد

Counselor : Student Sign: