



APPLICATION FORM MASTER OF BIOMANAGEMENT

Instruction :

1. Fill in the data using BLOCK letters
2. Please put a cross [x] at the appropriate answer

Form number _____

Enrollment Phase (to be filled by i3L) :

PERSONAL DATA

Full Name (According to Birth Certificate) :

Place of Birth :

Date of Birth : Day Month Year

Gender : Male Female

Nationality : Indonesian Other, Please state :

No. KTP / NIRC / Passport :

Marital Status : Single Married Others

Current Address :

RT : RW : City : Postal Code :

Telephone :

Mobile Phone :

E-mail :

Previous Education : Undergraduate Post Graduate (if any)

Campus Name :

Study Program : CGPA :

EMPLOYMENT DATA

Employment Status : Employment Unemployed

Company's Name :

Company's Address :

City :

Title at Company :



HUMAN RESOURCES CONTACT

Name :

Title :

Mobile Phone :

Email :

EMERGENCY CONTACT

Name :

Mobile Phone : Relation :

Email :

I declare that the information I have provided is true and I acknowledge that Indonesia International Institute for Life Sciences reserves the right to refuse enrollment caused by incorrect information.

_____, _____ 20____
[Place, Date]

Prospective Student,

[_____]]
Full Name

Photograph of
Prospective Student
4x6

NOTES:
Registration fees is non-refundable.