Application Form for Recognition of Qualifications

IMPORTANT NOTES:

- 1. Reporting of false information to a lawful authority knowingly and willfully is offence under the law, please submit correct and accurate information.
- 2. Information must be filled in "Capital Letters".

1. Personal information: Applicant's name:	Passport	
CID No.	photogra	pn
D.O.B (dd/mm/yyyy)		
Contact No.		
Email ID:		
2. Educational detail: Course/qualification:		
Type of course (TICK):	FULL TIME PART TIME MIXED MODE	DE 🗌
Duration of the course:		
Name of the Institute:		
Name of the University:		
Website:		
Location:		
Country:		
Student ID:		
Year of completion:		

I declare that the particulars furnished above are true to the best of my knowledge. In the event the information declared above is found to be incorrect, I understand I will be subject to legal action(s). I hereby confirm that I have read the guidelines for RoQ and understand the procedures for RoQ.

Affix Legal Stamp

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	-For official use only:	
Checklist of received doo	cuments (TICK):	_
2. Two passport size p	gree certificate(s) and academic transcript(s) bhotos on fee (processed through Finance Division, MoE)	
The application is received	d along with all required documents as specified above by:	
Name:	Dated signature	
	outlined in the Guidelines for RoQ and based on the provision of the above applicant is:	ns
_	thmode of study based on the confirmat	ion
dated	A copy is attached for reference.	
Confirmed by:		
Name:	Dated signature	
Verified by: (Head of Div	ision)	
Name:	Dated signature	
Received by:		
Name:	CID No.:	
Contact Number	Dated signature	