



## IFOM\_BSE Registration Form

|                                                                                                     |     |                            |       |
|-----------------------------------------------------------------------------------------------------|-----|----------------------------|-------|
| Print or type name please As per your passport                                                      |     | Circle one (Mr. MS. Mrs. ) |       |
| FIRST NAME:                                                                                         |     |                            |       |
| LAST NAME:                                                                                          |     |                            |       |
| Date of Birth :                                                                                     | Day | / Month                    | /Year |
| Student ID:                                                                                         |     |                            |       |
| NATIONALITY:                                                                                        |     |                            |       |
| <input type="checkbox"/> Student ( please specify the Level ): .....                                |     |                            |       |
| CONTACT INFORMATION (* E-mail and mobile phone information are required for means of communication) |     |                            |       |
| Mobile *                                                                                            |     |                            |       |
| E-mail *                                                                                            |     |                            |       |

**Refund policy:** There will be no refund for those who are failed to attend or being late for the exam.

SIGNATURE: .....

DATE: .....