



Do you have completed any course of seip? : Yes  No

(\*if Yes) Course Name : \_\_\_\_\_

Are you physically challenged? :  Yes  No

(\*if Yes)  Seeing  Movement  Hearing  Speech  Others: \_\_\_\_\_

**III. Family Information :**

Mother's Name : \_\_\_\_\_

Mother's Education Level : \_\_\_\_\_

Mother's Occupation : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Father's Education Level : \_\_\_\_\_

Father's Occupation : \_\_\_\_\_

Family Annual Income : \_\_\_\_\_

Does your family own home? :  Yes  No

Does your family own land? :  Yes  No

Number of brothers & sisters : \_\_\_\_\_

**IV. Declaration :**

- 1) I certify I correctly provide my information and qualifications in the student admission form.
- 2) I express my willingness to render my services to the related industrial sector after completion of the training program.

Signature of Trainee

Date :