



HOSANNA COMPUTER INSTITUTE

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STUDENT REGISTRATION FORM

PERSONAL INFORMATION

NAME			
DATE OF BIRTH			
STATE OF ORIGIN			
MARITAL STATUS			
RELIGION			

CONTACT INFORMATION

ADDRESS			
CITY		PROVINCE/STATE	
ZIP CODE		COUNTRY	
PHONE		EMAIL	

COURSE INFORMATION

COURSE NAME			
MORNING SECTION (10AM-12PM)GMT	<input type="radio"/>	EVENING SECTION (4PM-6PM)	<input type="radio"/>
MODE OF PAYMENT	<input type="radio"/> CASH	<input type="radio"/> ONLINE PAYMENTS	

STUDENT'S SIGNATURE

VALIDATED BY