

MUSA

Emerging Sciences Academy

Application for Admission



Please fill this application in **CAPITAL LETTERS** with **BLACK POINTER**.

COURSE START DATE (e.g. Month Year)

Please state the title of the course for which you are applying

EASA Part 66 approved course

☐

BTEC approved course

☐

Engineering enquiries please confirm the licence category you are applying for (e.g. A, B1.1, B2 etc.)

National Diploma Level – 03 (e.g. ND, HND etc.)

Course applied for:

PERSONAL DETAILS

Title

(Ms/Miss/Mrs/Mr Other)

First Name(s)

Surname

Father's Name

Date Of Birth

(Day/month/year)

Age

Marital Status

Place of Birth

Nationality

Gender (M/F)

Home Address(Current)

Home Address(Permanent)

Telephone Number

(Include dial code)

Mobile Number

(Include dial code)

Email Address

**CNIC /
B Form**

EDUCATIONAL QUALIFICATION

(*Please submit copies of all educational transcripts and certificates with application.)

[illegible]

OTHER QUALIFICATION

(*Please submit copies of all transcripts and certificates with application.)

[illegible]

PERSONAL STATEMENT

Please tell us why you decided to choose this course and a little about yourself. This should include your current or previous employment, previous studies, work experience, hobbies and what you have been doing most recently. Continue on a separate sheet if necessary.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Your application will **NOT** be considered without a personal statement.

REFERENCES

Please give details of persons who have agreed to give you reference:

FIRST REFEREE	FRIEND
Referee Name	
Address	
Telephone No.	
E-mail Address	

SECOND REFEREE	Your School Teacher/Principal
Referee Name	
Address	
Telephone No.	
E-mail Address	

THIRD REFEREE	Family Doctor/Employer
Referee Name	
Address	
Telephone No.	
E-mail Address	

HEALTH OR MEDICAL CONDITIONS

Height: _____ m _____ cm Weight: _____ Kg Blood Group: _____

		YES	NO
1.	Do you have any physical or learning disabilities? If yes, please explain	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you had any surgeries, significant injuries or hospitalization? If yes, please describe and list the dates	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you currently on any medications/herbal preparations? If yes, please state the medication and the dosage	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you allergic to any type of food, substance and/or medication? If yes, please list	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL HISTORY

Please tick (✓) in the appropriate box if you have been diagnosed with any of the following medical conditions.

	Y	N		Y	N		Y	N
Anxiety/Depression			Heart Disease			Thyroid Disease		
Asthma			Hepatitis/Jaundice			Physical Disability		
Autoimmune disease (lupus)			High Blood Pressure			Tuberculosis		
Bleeding Disorder			High Cholesterol disorders			ALLERGIES		
Bone Joint problems			Kidney/Bladder Disease			Penicillin		
Cancer			Malaria			Sulfur		
Chicken Pox			Migraine /Severe Headaches			Other Antibiotics		
Chronic Cough			Colour Blindness			Codeine		
Diabetes			Maternal illness			Aspirin		
Disabilities			Psychiatric Condition			Foods		
Eating Disorder			Psychotherapy			Dust		
Female Problem			Seizures/Blackouts			Other:		
Gum/Dental Disorder			Sexually Transmitted Infections					
Head Injury			Skin Disorders					
Hearing impairment			Substance Abuse					

PARENTS/GUARDIAN DETAILS

Father's Name		FATHER's PHOTOGRAPH
Occupation		
Organisation		
Designation		
Telephone No.		
CNIC	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature with Date		

Mother's Name		MOTHER's PHOTOGRAPH
Occupation		
Organisation		
Designation		
Telephone No.		
CNIC	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature with Date		

Guardian's Name		GUARDIAN's PHOTOGRAPH
Occupation		
Organisation		
Designation		
Telephone No.		
CNIC	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature with Date		

MARKET RESEARCH

What was the most important source of information in your decision to apply to MUSA Emerging Sciences Academy?

Enter the Appropriate code(s) in this box from the following list:

RA	Radio	NE	Press Advert/Article	Visit	Visit to MUSA ESA
Web	MUSA ESA Website	FF	Family/Friend	AGT	Agent
REF	Referral	INT	Other website		

Application Checklist

- Please also submit the following items with your Completed Application where held.
- A photocopy of the data page from your passport/CNIC which has been certified as a True Copy.
- A photocopy of all Pakistan Visas/Biometric Residence Permits held/used (if applicable).
- Copies of your academic transcripts and any course/educational certificates.
- Copies of any scholarship letter for undertaking the above selected course.

General Data Protection Regulation

MUSA Emerging Sciences Academy (Private) Limited will store your personal data in accordance with the General Data Protection Regulation.

DECLARATION

- I confirm that the information given on this Application form and the Personal Statement & the Reference Form is true, complete and accurate and no information requested or other material information has been omitted.
- I have read the application notes and undertake to be bound by the terms set out in them.
- I give my consent to the processing of my data by MUSA Emerging Sciences Academy.
- I accept that, if I do not fully comply with these requirements, the MUSA Emerging Sciences Academy shall have the right to cancel my application and I shall have no claim against the MUSA Emerging Sciences Academy in relation thereto.

APPLICANT SIGNATURE

I confirm that to the best of my knowledge, the information given in this form is correct.

Signature: _____ Date: _____

Email:	info@musaesa.com
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