

## INSTITUTE OF TECHNICAL EDUCATION STUDENT BIO-DATA FORM FOR FULL-TIME STUDENTS

**Instructions:** Please complete the form correctly.

STUDENT'S PARTICULARS																										
Name :																										
NRIC/FIN:																	Int	ake	:	Ja	n / A	Apr	* 2	01_		
* Delete where applicable									able																	
Blk/House No :																										
Street Name :																										
Unit No :												Pos	sta	l :							]					
Contact Nos :	OS: (Home) (Mobile)																									
HDB 1-room flat HDB 2-room flat HDB 3-room flat HDB 4-room flat HDB 4-room flat HDB 5-room flat HDB 5-room flat HDB 5-room flat HDB 5-room flat HDB 6-room flat HDB 6-room flat HDB 7-room flat HDB 6-room flat HDB 6-room flat HDB 7-room flat HDB 6-room flat																										
Particulars & Declaration																										
Marrial Status : Single Married Others																										
Nationality:																			(ple	ase	indi	cate	the	cour	try)	
Birth Country : (please indicate the country)																										
Religion: Buddhism Hinduism Christianity Others Judaism No Religion Sikhism Taoism Others																										
NS Status : Completed Deferred Full-time Exempted N/A																										
Total Gross Monthly Household Income <sup>*</sup> : \$																										
Total number of family members <sup>+</sup> (including the student):																										
PC Ownership	and	Int	ernet	Acc	cess	<u> </u>																				
Do you have a	perso	onal	com	oute	r (w	ith a	a Cl	D-R	OM d	rive)	at I	nom	e?													
Yes	No,	but	I wish	to h	ave	а р	ersc	onal	comp	uter.			No,	, but	t I de	o no	ot wi	sh t	o ha	ve	а ре	ersoi	nal	com	pute	er.
Does your computer have access to Internet at home? Yes No																										

<sup>^</sup> Total gross monthly income of family members<sup>+</sup> living in the same household with student.

<sup>&</sup>lt;sup>+</sup> Family members include relatives who are living in the same household with student.

## PARENT/GUARDIAN'S PARTICULARS

Profile #1 Relationship: Father / Mother / Others * (specify:)								
Parent/Guardian Name :								
NRIC/FIN:	Gender: Male Female							
Citizenship: Singapore Citizen Permanent Resident Others								
Emergency Contact No : Evening Phone :								
Email ID: (optional)								
Profile #2 Relationship: Father / Mother / Others * (specify:)								
Parent/Guardian Name :								
NRIC/FIN:	Gender: Male Female							
Citizenship: Singapore Citizen Permanent Resident Others								
Emergency Contact No : Evening Phone :								
Email ID :	(optional)							
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STUDENT'S DECLARATION								
1) Do you smoke currently? Yes No								
If yes, please indicate when (year) you started smoking:  2) Do you have a criminal record in Singapore or in any other country?  Yes  No								
3) Are you currently being investigated or required by the authority to assist in the investigation of any criminal offences?								
4) I confirm that the information provided by me is true and accurate to the best of my knowledge and I have not deliberately omitted any relevant facts.								
5) I understand that any false declaration will render me liable to appropriate action, including withdrawal from the course offered.								
Signature of Student	Date							
For Official Use Only (Please ensure that all necessary data are completed and entered into iStudent system)								
Completed Bio-Data Form	All Data							
Received by:  Name/Designation	Entered by:  Name/Designation							
Signature/Date:	Signature/Date:							

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