

Stage 2 Registration Form

Sponsoring Institution/Company : _____

No	Skills Area	Name of Competitor	NRIC No.	Date of Birth DD/MM/YY	Gender (M/F)	Nationality	Address	Contact Number	Email Address	Course of Study		
										Course Title	Commence ment Date	Date of Completion
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Name of Team Manager: _____
 Contact Number : _____
 Emal Address : _____