

Commonwealth Vocational University,

P.O. Box: 3444, Makaunga, Hahake, Tongatapu, Kingdom of Tonga Mobile: (0064)2108535981 Email: drkeasi@gmail.com

ADMISSION FORM

INSTRUCTIONS

Before filling up this form, please read the instructions carefully in the prospectus.

Form should be filled in block letters with blue / Black pen only.

3 Additional photographs should be attached with all qualifying documents.

Paste recent passport size colored photograph

1.	COURSE APPLYING FOR:
	a. Candidates need to fulfill eligibility criteria as per University norms.
	b. Admission through Standing / Mature Entry who are the age of 20 years and above is possible for those who
	don't have basic qualifications
2.	NAME OF THE APPLICANT (as per Form 6 / 7 / Graduation / Postgraduation Mark sheet)
3.	FATHER'S NAME
•-	
4.	MOTHER'S NAME
5.	DATE OF BIRTH
6.	GENDER Male Female
7.	ADDRESS:
	a. Line 1.
	b. Line 2.
8.	Mobile No.
9.	E. Mail ld

10. ACADEMIC DETAILS:

Examination

b. Qualification Details:

Year of

a. Qualifying Exam (Form 6 / Form 7 / Graduation / Post Graduation)

Board/

		Passing	University		Marks	Obtained	CGPA	
F	Form 6							
F	Form 7							
<u> </u>	Diploma							
d	Graduation							
F	Post Graduation							
4	Any Other							
11. DE	CLARATION BY TH	IE CANDIDAT	E:					
	1						he	ereby declare
	Ihereby declare that the information furnished in this form is true to the best of my knowledge and belief. I understand that my candidature is liable to be cancelled by the University if any information given above by me is found incorrect or misleading.							f. I understand
	Date:							
	Place:							
							Signature o	f the Candidate
12. De	eclaration by the F	Parent/Guard	ian					
	I undertake the responsibility of paying all dues of my son / daughter regularly and I bind myself for his/her dues compliance with all rules and regulations that are in force from time to time in the University.							for his/her dues
	Place:							
	Date:						Signature of the F	Parent / Guardian

Stream

Total

Marks

% of Marks /

Result Status

Verification Detail

I have verified the origin norms of the University.	al documents. The candidate fulfills the eligib	ility criteria as per the prescribed	
Date:			
Place:		Verified by (Centre Director with Seal)	
	Permanent Registration No	Assigned by (Centre Director)	

Fee Payment Schedule

Date	Total Fee	Fee Paid	Balance Due	