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

Instructions: Please complete the form correctly.

STUDENT'S PARTICULARS

Name :

NRIC/FIN : **Intake :** Jan / Apr * 201___

** Delete where applicable*

Address

Blk/House No :

Street Name :

Unit No : **Postal :**

Contact Nos : *(Home)* *(Mobile)*

House Type :

- ☐ HDB 1-room flat
- ☐ HDB 2-room flat
- ☐ HDB 3-room flat
- ☐ HDB 4-room flat
- ☐ HDB 5-room flat
- ☐ HDB exec apartment & maisonette
- ☐ HUDC flat/terrace
- ☐ HDB shophouse
- ☐ Private flat/apartment
- ☐ Private condominium
- ☐ Private terrace house
- ☐ Private semi-detached house
- ☐ Bungalow
- ☐ Others

Particulars & Declaration

Marital Status : ☐ Single ☐ Married ☐ Others

Nationality : *(please indicate the country)*

Birth Country : *(please indicate the country)*

Religion:

- ☐ Buddhism
- ☐ Islam
- ☐ Hinduism
- ☐ Roman Catholicism
- ☐ Christianity Others
- ☐ Sikhism
- ☐ Judaism
- ☐ Taoism
- ☐ No Religion
- ☐ Others

NS Status :

- ☐ Completed
- ☐ Part-time
- ☐ Deferred
- ☐ Not Called
- ☐ Full-time
- ☐ N/A
- ☐ Exempted

Total Gross Monthly Household Income^ : $

Total number of family members+ (including the student):

PC Ownership and Internet Access

Do you have a personal computer (with a CD-ROM drive) at home?

☐ Yes ☐ No, but I wish to have a personal computer. ☐ No, but I do not wish to have a personal computer.

Does your computer have access to Internet at home? ☐ Yes ☐ No

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

+ 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)*

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? ☐ Yes ☐ No

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 Received by: _____ Name/Designation

Signature/Date: _____

All Data Entered by: _____ Name/Designation

Signature/Date: _____