



CALEDONIAN COLLEGE OF ENGINEERING

APPLICATION FOR PG ADMISSION

Programme applied for: _____

Instructions:-

(To be filled by the Applicant in ENGLISH and in BLOCK CAPITAL LETTERS)

Please submit along with the Application Form the following:

- 6 photographs (With full name written on reverse of each photograph),
- Original & a copy of the Honours Degree Certificate or Equivalent,
- Copy of the Passport
- Copy of the ID Card,
- Certificates of any Additional Education Qualification/Experience
- Registration Fee of R.O.50.000 (Non-Refundable)

Attach 1 Passport size Photograph of Applicant here.

I) PERSONAL DATA

Full Name: (This name will appear in all official student records like mark lists, certificates, etc)	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Month Year
Country of Birth:	Native/Domicile:
Nationality:	Mother Tongue/First Language:
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>	No. of children (if any)
Ages of Children (if Any) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Religion:
Father's /Guardian's Occupation:	
Permanent Home Address: _____ _____ P.O.Box No.: _____ Postal Code: _____ Tel. No.: _____ Fax No.: _____ Mobile : _____	Address for correspondence: Parent/Guardian Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other <input type="checkbox"/> Employer/Sponsor <input type="checkbox"/> _____ P.O.Box No.: _____ Postal Code: _____ Tel. No.: _____ Fax No.: _____ Mobile No.: _____
Email Address: 1)	2)
Person to be contacted in case of an Emergency:	Specify the relationship:
Telephone No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	GSM No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Note: Change of address and contact numbers to be informed to Academic Administration.	



Please return the completed statement to:
Admission office, Caledonian College of Engineering,
PB 2322, PC 111, CPO Seeb, Tel: 24536765- 200
Sultanate of Oman



PROFICIENCY IN ENGLISH

Is English your first language? Yes

No

If English is not your first language, give details of English language qualifications held and attach copies of certificates. If you do not hold a recent acceptable qualification in English you will be required to obtain one as a condition of offer.

ACADEMIC QUALIFICATIONS SCE/GCE, other School Qualifications and FE Qualifications

Subject and Level	Examining Body	Exam Date	Results	Grades or Bands

HIGHER EDUCATION: PROGRAMME CONTENT

Please give details of any programme undertaken in Higher Education including those where no award was achieved.

University/College	Programme/Content/Subject/Grades	From		To	
		Month	Year	Month	Year

PROJECT WORK

Have you carried out an extended piece of work, project or dissertation, resulting in: a written report Yes No an oral presentation Yes No

If YES, please give the title:

PROFESSIONAL AND OTHER QUALIFICATIONS

Name of Awarding Institution/Body	Subject(s) in which award obtained	Qualification obtained (give details and whether obtained by examination/exemption)

REFEREES

REFERENCES MUST ACCOMPANY THIS APPLICATION FORM

Give names, position and address of two people whose references are included with this application and who have been involved in supervising your recent academic work. If you have not been in education for a number of years please give your current employer instead of academic referee.

Name	Name
Position	Position
Address	Address
Tel. Fax.	Tel. Fax.

EMPLOYMENT AND EXPERIENCE

Give details of your work experience (if any) and of any previous employment, including name and address of employer(s), position held, type of work undertaken and duties. Continue on a separate sheet if necessary.

DISABILITY

Please tick box if you have a disability.

DECLARATION

I certify that the answers and other information given in this application are correct and complete. If I am admitted to the programme I undertake to observe the university regulations and to ensure payment of fees and other liabilities.

Signature _____

Date _____

Where did you hear about the programme applied for? (please tick a box)

- | | | | |
|--------------------------|----------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Agent (please state) | <input type="checkbox"/> | Open Day |
| <input type="checkbox"/> | Website | <input type="checkbox"/> | From University |
| <input type="checkbox"/> | Telephone | <input type="checkbox"/> | Other (please state) |

STATEMENT BY REFEREE -1

NOTES OF GUIDANCE FOR EDUCATIONAL REFEREES

The Referee report is an important part of the selection process and the information you give will aid admission tutors in making their decisions. Your report will be treated in the strictest confidence. Your

reference should cover the following points.

1. Suitability for the programme(s) applied for.
2. Previous and potential academic performance.
3. Career aspirations.
4. Any other personal circumstances relevant to the application.

Name of Referee Post / Occupation / Relationship Address Telephone Number

Name of Applicant (BLOCK CAPITALS)

Programme

INSTITUTION / COMPANY STAMP

Signed

Date

STATEMENT BY REFEREE -2

NOTES OF GUIDANCE FOR EDUCATIONAL REFEREES

The Referee report is an important part of the selection process and the information you give will aid admission tutors in making their decisions. Your report will be treated in the strictest confidence. Your reference should cover the following points.

1. Suitability for the programme(s) applied for.
2. Previous and potential academic performance.
3. Career aspirations.
4. Any other personal circumstances relevant to the application.

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Name of Referee Post / Occupation / Relationship Address Telephone Number

Name of Applicant (BLOCK CAPITALS)

Programme:

INSTITUTION / COMPANY STAMP

Signed

Date

**Please return the completed statement to:
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