

CENTURY COMPUTER CENTRE

STUDENT REGISTRATION FORM

Ref:						
Surname: First name:						
Full Address:				- — — —		- — —
Male: Female: Age: Tel:	. — — —	((2)	. — — — —		(🗓)
Date of Birth: E-mail:						
For Student Only:						
School/College attending Presently:						
Class:						
For Professionals Only:						
Company:						
Profession:		·			·	
Do you hold any computer certificate / diploma : or No						
If Yes, specify						
Computer Literacy:	Poor	Fair	Good	Very Good	Excellent	
How would you rate your knowledge in computer?						
Are you familiar with Microsoft Windows?						
What are your skills in Microsoft Office?						
Course Details						
Course Code/ Description:		- — — — -		. — — — —		
Time: Date: Signature:						
FOR OFFICE U	SE ONL	Y				
Remark:						
						