

FORM REGISTRATION

“SAHABAT WISDOM”

Secretariat: Jl. Lingkar Utara 234 Yogyakarta 55281
Tel. +62 274 520907 Fax. +62 274 583783



A. PERSONAL DATA

Name : _____

Place and Date of Birth : _____

Age : _____

Religion : _____

Gender : (Male / Female)

Home Address : _____

City/Regency/Province : _____(postcode)_____

Phone number (home) : _____

(HP) : _____

E-mail : _____

Affix Recent
Color Photograph
(3 X 4 cm)

B. EDUCATION

University : _____

Faculty : _____

Major study : _____

Year of entrance : _____

University address : _____

: _____(postcode)_____

D. PERSONAL COMMUNICATION

- a. Your motivation why you want to join the "Sahabat WISDOM" Program (max half page)
- b. Describe why you think you have the talents, personality, skills, and experience to make a great "sahabat" (max 1 page)

I declare that the particulars stated in this application and attachments are true to the best of my knowledge and belief that I have not willfully suppressed by any relevant materials or facts.

Signature of Applicant

Date:
