



Australian Institute of Science and Technology

Level 2, 206-208 Liverpool Road
ASHFIELD NSW 2131
Australia
Ph: +61 02 8021 3335

MKG-FM-004 Pre-Screening of the Applicant Form

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| Name of the Applicant: | |
| Date of Birth: | |
| Applicant's Nationality: | |
| Name of the Course the applicant is applying in AIST: | |
| Education Background: | |
| Year 10 or Equivalent: | |
| Passing Year: | |
| Total Marks Obtained / Out of Marks: | |
| Percentage: | |
| Examination Board (State Board/CBSE/High School) | |
| Year 12 or Equivalent: | |
| Passing Year: | |
| Total Marks Obtained / Out of Marks: | |
| Percentage: | |
| Examination Board (State Board/CBSE/Higher Secondary) | |



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Bachelor Degree or Equivalent: (This qualification is mandatory if the applicant is applying for Graduate Diploma)

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| Passing Year: | |
| Total Marks Obtained / Out of Marks: | |
| Percentage: | |
| Examination Board (University / Distance Learning) | |

IELTS/PTE Score or Equivalent English Requirement Course:

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| Name of the Test: | |
| Test Date: | |
| Each Band Score: (Listening / Reading / Writing / Speaking) | |
| Overall Band Score: | |

Education Gap: (If Any) Please provide us with the reason and evidence to it. (Do not apply if the Gap is more than 1 year for any Diploma Course)

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| <p>Sponsor Details:</p> <p>1. Name of the sponsor:</p> <p>Relationship with the Applicant:</p> <p>Annual Income:</p> <p>2. Name of the sponsor:</p> <p>Relationship with the Applicant:</p> <p>Annual Income:</p> <p>(Please make sure that the funds should be old than 6 months only)</p> | |
| <p>Date:</p> | |
| <p>Name & Signature of the Applicant / Agent:</p> | |