

Australian Institute of Science and Technology Level 2, 206–208 Liverpool Road

Level 2, 206–208 Liverpool Road ASHFIELD NSW 2131 Australia

Ph: +61 02 8021 3335

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

Name	of the Applicant:				
Date of Birth:					
Applicant's Nationality:					
Name of the Course the applicant is applying in AIST:					
Educa	tion Background:				
Year 10 or Equivalent:					
	Passing Year:				
	Total Marks Obtained / Out of Mar	ks:			
Percentage:					
	Examination Board (State Board/CBSE/High School)				
Year 12 or Equivalent:					
	Passing Year:				
	Total Marks Obtained / Out of Mar	rks:			
	Percentage:				
	Examination Board (State Bosecondary)	oard/CBSE/Higher			

MKG-FM-004 **Version 1**: 22/01/2022 **Document Owner**: Marketing Manager **Authorised by**: CEO This document is uncontrolled when printed. The current version of this document is kept on the AIST QMS.

THE TOTAL PROPERTY OF THE PROP

Australian Institute of Science and Technology Level 2, 206–208 Liverpool Road

Level 2, 206–208 Liverpool Road ASHFIELD NSW 2131 Australia

Ph: +61 02 8021 3335

Bache	lor Degree or Equivalent: (This qualification is mand	latory if the applicant is applying for Graduat			
Diplom					
	Passing Year:				
	Total Marks Obtained / Out of Marks:				
	Percentage:				
	Examination Board (University / Distance Learning)				
ELTS/PTE Score or Equivalent English Requirement Course:					
	Name of the Test:				
	Test Date:				
	Each Band Score: (Listening / Reading / Writing / Speaking)				
	Overall Band Score:				
∃duca : han 1	tion Gap: (If Any) Please provide us with the reason and year for any Diploma Course)	d evidence to it. (Do not apply if the Gap is mor			

MKG-FM-004 **Version 1**: 22/01/2022 **Document Owner**: Marketing Manager **Authorised by**: CEO This document is uncontrolled when printed. The current version of this document is kept on the AIST QMS.

AST THE RESERVE OF STREET

Australian Institute of Science and Technology Level 2, 206–208 Liverpool Road

Level 2, 206–208 Liverpool Road ASHFIELD NSW 2131 Australia

Ph: +61 02 8021 3335

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