Application for Professional Training

Business Development

Admissions
P.O. BOX 23773
Kingdom of Bahrain
Tel: +17357777
Fax: +17357888

A PERSONAL DETAILS

Full Name:

CPR No.

Mailing Address in BAHRAIN

P.O. Box/ City

Tel:

Residence Address

Apartment No. / Villa No.

Fax:

Mobile:

Building/ Street Name/ City

Sex: Male Female

Email address:

Date of Birth:

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Country of Birth:

Nationality:

Other Contacts

Full Name:

Relationship to Contact:

Tel:

Mobile:

B COURSE

Program Name:

C DECLARATION

I accept that if, completing this application, I knowingly or carelessly provided untrue or incomplete information, (a) any offer of admission, whether accepted or not, may be withdrawn by GAA; (b) I may be required to withdraw from any course in which I am enrolled; (c) I may be subject to academic discipline.

Signature of applicant: _____ **Date:** _____