



**Delmon Academy for  
Computer & Managerial Sciences**  
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أكاديمية دلمون  
للكمبيوتر والعلوم الإدارية  
ص.ب.: 2469  
مملكة البحرين  
هاتف: 973-77111176  
فاكس: 973- 17140050  
الفاكس الإلكتروني: 17910884  
البريد الإلكتروني: Info@ delmonacademy.com

## Registration Form

**Date:**  
**Program:**

**Fill the form as per passport details please:**

### Personal Details

First Name:  Middle Name:

Preferred Name:  Last Name:

CPR No.:

Passport No.:

Nationally:

Date of Birth:  /  /

Gender:  F  M

Tel No.:  -

Mobile No.:  -

Personal Email:

Mailing Address: Building:  Flat:  Road:  Block:

City/State:  P.O.Box:

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**Fill this part if you are sponsor:**

### Sponsored

Organization Name:

Contact Person:

Address: Building:  Flat:  Road:  Block:

City/State:  P.O.Box:

Tel No.:  -

Fax No.:  -

Mobile No.:  -

Email:

### Document needed

- 1- Copy of passport.
- 2- Copy of CPR.
- 3- (1) Picture.
- 4- Sponsorship letter (for sponsor Trainee).

### IMPORTANT NOTICE:

All courses are subject to demand. Delmon Academy reserves the right to cancel or postpone courses at short notice at no loss or liability where, in its absolute discretion, it deems this necessary.

### CANCELLATION AND REFUND OF FEES:

1. In the case of cancellation by Delmon Academy, 100% refund is applicable.
2. On cancellation by the Trainee, fees will only be refunded if a Withdrawal Form is accomplished. 50% refund will be given if cancellation is done one week before the start of the program and NO REFUND if cancellation is done from the start date onwards.
3. Refund processing shall take place in 2-4 weeks.

### Enrolment Agreement

- 1- I certify that the information that I provided on this application form is accurate and complete.
- 2- I have read and understand the terms and conditions outlined regarding tuition and fees, requirements, cancellation and refund policy.

Trainee Signature:

Date:  /  /

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### Office Use Only

Register By:

Date:  /  /

Student ID:

Comment:

Register Signature: