

$\label{eq:constraint} \textbf{INTEGRATED POLYTECHNIC REGIONAL CENTER} - \\ \textbf{EAST}$

NGOMA DISTRICT P.O.BOX 35KIBUNGO, RWANDA

Tel:(+250)0788 835 319 E-mail:infos@iprceast.ac.rw Website:www.iprceast.ac.rw

APPLICATION FORM

Department	Trade			Order	of cho	ice	
ivil Engineering Construction Tec		uction Tech:	nology				
	Land Surveying						
Mechanical Engineering	nical Engineering Automobile Te		nology				
	Produ	action Techn	ology				
ICT	IT						
Hospitality Management	Front	office					
	House	ekeeping					
	Front	office					
	Culin	ary Arts					
Surname:		Other	r Names			Gender (M/F)	
Marital status Married		Single		(Tick onl	y one)		
Date of Birth Place of Bi		rth		Natio	nality		
ID No/Passport Number	o/Passport Number				Issued	l at	
Home Address and Studen	nt identif	fication	Father's N	ames:			
Province:			Identity number:				
District:			Telephone number:				
Sector:			Mother's Names:				
Cell:		Identity number:					
Village:		Telephone number:					
Phone number:		Names of Guardian:					
Email:			Identity nu	ımber:			
			Telephone	number:			

ACADEMIC BACKGROUND

Last school attended	Period(Year)	Combination	Grade	Aggregate	Examination Authority
ID No/Passport Number		Issued at			

PROFESSIONAL EXPERIENCES (If any)

Organization/Institution	Period	Nature of Job

REFEREES

Names	Occupation	Contact	
		Phone Number:	
		Email:	
		Phone Number:	
		Email:	

- I confirm that the information I have provided on this application form is (to the best of my knowledge) true, accurate, current and complete; and I agree to notify the College promptly if any information contained on this application form should change, in order to keep it true accurate, current and complete.
- I confirm that all supporting work submitted as part of this application is entirely my own originalwork, except where clearly indicated otherwise, and does not include any plagiarized elements.
- I understand that if I become a registered student, any personal data collected by the University as a result of my application will form part of my student record

Please sign below to confirm acceptance of these statements:

Signature:		Date:	
Signed (Please pr	rint name):	•	
For office use on	ly:		

To be completed by admission Officer:

Action	Remarks
Admitted	
Application Rejected	
Admission Officer	
(Names and Signature)	