

APPLICATION FORM

1. FULL NAME _____
(Surname in capital letters)

2. CONTACT ADDRESS: _____

3. PERMANENT HOME ADDRESS: _____

4. PHONE NUMBER: _____

5. AGE: _____ 6. SEX: _____

7. NATIONALITY: _____

8. MARITAL STATUS: _____

9. ACADEMIC STATUS:

INSTITUTION ATTENDED	LOCATION	DATE	
		FROM	TO

10. COURSE(S) APPLIED FOR (See leaflet attached for list of courses) _____

11. SESSION APPLIED FOR:

☐ FULL-TIME

☐ PART-TIME

12. NAME OF SPONSOR(S)(if applied): _____

13. ADDRESS AND PHONE NUMBER OF NEXT OF KIN: _____

16. RELATIONSHIP WITH APPLICANT: _____

17. RELEVANT EXPERIENCE: (Please tick as appropriate)

Area of Specialization	Year(s) of Experience			
	0 - 1 Year	1 – 3 Years	3 – 5 Years	5 Years & Above
Mechanical				
Electrical				
Vulcanizing				
Battery Charging				
AC Technician				

DECLARATION:

I hereby declare that the information provided in this form is true and correct.

Signature

Date

(Please attach two (2) passport sized photographs, photocopy of receipts of payment and credentials while submitting this form).

