


INSTITUTE OF MARINE AND TECHNOLOGY , NIGERIA

(ACADEMY FOR SEA & TECHNOLOGY EXPERT) RC 1432602

	ADMISSION FORM	DOCUMENT NO: MTC/ADM/FORM/	PAGE 1 OF 2
	TITLE: MTC APPLICATION	TRANSFER NO:	TRANSFER DATE:

Surname	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name	Date Of Birth	
Middle	Title	
Address		
Phone No		
Email		Nationality
Mailing Address <i>(if different from above)</i>		

Course Applied For	1	
Part/Full Time	2	
<i>(circle One)</i>		
Indicate Suport/sponsorship <input type="checkbox"/> Self <input type="checkbox"/> Govt. <input type="checkbox"/> Other		
Name Of Awarding Body		

YEAR (Start-End)	Name Of Educational/training Institution	QUALIFICATION (Certificates, Degrees, Achievement, Etc.)

RESULTS KNOWN					RESULTS AWAITED			
SUBJECT	EXAM BODY	LEVEL	YEAR	GRADE	SUBJECT	EXAM BODY	LEVEL	YEAR

Candidates are required to submit a proof of their qualification and training along with two testimonials from recognized officials & WAEC/NECO scratch ca two notarized recent passport size photographs, copy of birth certificate, TRN (all originals must be presented). A non-refundable application fee is required. Application is to be submitted to **The Institute of Marine And Technology #1 NDITIA, EKET-IBENO EXPRESS WAY -AKS OR #28 EDEM UDO ST EKET-AKS JB ICT CENTRE, 20/44 OBIO IMOH STR., UYO --Tel: 09096775778, 08100169761, 07062575452--Email:instituteof marinetech@gmail.com**

SECTION 1- Personal & Contact Information

SECTION 2- Educational Background & Financial Information

INSTITUTE OF MARINE AND TECHNOLOGY , NIGERIA

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MTC/ADM/FORM/

PAGE 2 OF 2

TITLE:
MTC APPLICATION

TRANSFER NO:

TRANSFER DATE:

Next Of Kin

Relationship Phone No

Address
(of Next Of Kin)

REASONS FOR APPLICATION (please write a short paragraph)

EXTRA CURRICULAR ACTIVITIES

PRACTICAL EXPERIENCE/EMPLOYMENT HISTORY

YEAR (Start-End)	Name And Address Of Employer	Position Held/Experience Gained

I declare that the information on this application is correct and complete. I acknowledge MTC's right to cancel this application if the information contained in it has been misrepresented ☐ (thick here)

Applicant's Signature _____ Date: _____

FOR OFFICIAL USE ONLY

Document Submitted:

☐ Birth Certificate ☐ Educational Cert. ☐ Photographs ☐ TRN
☐ Testimonials ☐ Medical ☐ Transcript ☐ Police Record

Delivery Mode: ☐ Full Time ☐ Part Time ☐ Day Release ☐ Weekend ☐ Other _____

Academic Year _____ / _____ Course Code _____ Course No _____

Submitted To: ☐ School of academic studies ☐ School of Maritime & Prof. studies ☐ School of advanced skills

To Be Completed By School Representatives:

Status: ☐ Full Acceptance ☐ Conditional Acceptance ☐ Advanced Placement

Comments _____

Assessor's Name & Signature _____ Date _____

Student's No: _____ Date entered into Sms: _____ Entry Report: _____



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ATTESTATION FORM

(The Candidate should Properly fill the Attestation Form with his/her own hand writing)

Name of the
Department

Name of the Head of
the Department

- 1 (a) Name in full(Capital letters only) with aliases,if any.Please indicate if you have added/ dropped at stage or any part of your name/surname.

SURNAME :

NAME :

(b) Parent/Guardian

i Name

ii Place of working

iii Contact Address

Phone

Parent/Guardian

Certified that I have known

-----Son/Daughter/Wife of -----

for the last -----years-----months and to the best of my knowledge and belief,
the particulars furnished by him/her are correct.

Date :

Signature

Place :

Photograph of the
Candidate attested
by the Gazetted
Officer/MLA/
Other with seal.
Competent
Authority.