

CITA SECRETARIAL AND COMPUTER TRAINING INSTITUTE



CONTACT: 020 7735596/ 024 1423345/ 036 2028013

APPLICATION FORM FOR ADMISSION

This Form should be completed carefully and returned directly to:

THE PRINCIPAL

CITA SECRETARIAL AND COMPUTER TRAINING INSTITUTE

P. O. BOX HP 304, HO

Or by hand at our office located on;

23 Lime Street, Mawuli Estate, Ho (Near 2nd Gate Taxi Rank)

Passport
Picture

Please Tick [] the programme you wish to apply for

- [] Typist Grade
- [] Stenographer
- [] Certificate in Accounting
- [] Certificate in Business Studies
- [] Diploma in Business Administration
- [] Diploma in Information Technology

Session: Morning [] Afternoon [] Evening [] Weekend []

APPLICANT'S DETAILS

Name of Applicant:
Surname other names

Date of Birth:..... Age: Sex: M [] / F []

Place of Birth.....

Hometown..... Contact:.....

Nationality: Region:

E-mail address:

Hostel Required: Yes [] No [] Marital Status: Single [] Married []

Do you have any disability which requires special attention? Yes [] No []

If "Yes" please explain:

.....
.....

PARENT'S/GUARDIAN INFORMATION

Name of Father/Guardian:.....

Place of Residence:..... Occupation:.....

Telephone Number:.....

Present Address:.....

Relation to Guardian.....

Name of Mother/ Guardian:.....

Place of Residence:..... Occupation:.....

Telephone Number:.....

Present Address:.....

 Relation to Guardian.....

DETAILS OF EDUCATION

Name of School	From	To	Exams Taken

(Please attach a copy of your Result slip(s) or Certificate(s))

I..... do hereby certify that the above information are true to the best of my knowledge. I promise to submit myself to school authority and abide by rules and regulations of CITA.

.....
 Signature of Applicant Date

.....
 Signature of Parent/Guardian Date

FOR OFFICE USE ONLY

Received by:.....Date:.....

Recommendation/Remark(s):

(Principal's Signature)

Date