

2 Pictures here
(For examinable
courses)

GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

Motto: Excellence in Leadership, Management and Administration



GIMPA BUSINESS SCHOOL - CENTER FOR MANAGEMENT DEVELOPMENT (CMD)

APPLICATION FORM FOR EXAMINABLE SHORT COURSES

GIMPA Business School - Center for Management Development (CMD)
P. O. Box AH 50, Achimota; Tel: 401681/2/3; Fax: 405805; 404664; OR 421571
E-mail: cmd@gimpa.edu.gh, Website: www.gimpa.edu.gh

Please indicate the COURSE you wish to pursue:

.....

Date of Program: From To

SECTION A: NOMINATING ORGANISATION

1. NAME OF ORGANISATION.....

2. Indicate whether Public Private NGO/Parastatal

3. ORGANISATIONAL/PERSONAL ADDRESS:

E-mail: Mobile No..... Tel. No.....

SECTION B: PARTICULARS OF APPLICANT

4. FULL NAME.....
(IN BLOCK CAPITALS: MUST BE HOW YOU WANT IT ON YOUR CERTIFICATE: SURNAME UNDERLINED)

5. NATIONALITY:

6. AGE: 7. DATE OF BIRTH 8. SEX

9. Educational Background (List Certificates, Diplomas, Degrees etc, Possessed with dates)

DATE		INSTITUTION	QUALIFICATION
FROM	TO		

Please attach relevant certified certificates and transcripts (for examinable courses)

10. How long have you been working:

11. Present position and duties:

a. Position: No. of Years:

b. Duties (in Brief):

Signature of Applicant Date.....

12. Speciality: Briefly state how this particular course fits in with your present job and future plans:

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.....
.....

13. Residential Status: Residential Non-Residential (Tick the appropriate box)

If Residential, would you prefer Standard Room Air-Conditioned Room

14. Sponsorship: (Tick the appropriate box)

a. Self Sponsorship b. Official Sponsorship

SECTION C: SPONSOR'S OFFICIAL NOMINATION

This section must be completed by the Head or his/her representative of the organization of applicants who answered question 14b.).

15. I wish to nominate the above applicant for admission to the above course.

Name of Officer Nominating.....

Rank/Title:

Signature and Official Stamp..... Date:

SECTION D: FOR OFFICIAL USE ONLY

APPLICANT ADMITTED YES NO

Duration of Course.....

Course Fees:

Amount Paid	Date of Payment	Balance (if any)

Signature:
(Divisional Director)