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GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

Motto: Excellence in Leadership, Management and Administration



SCHOOL OF TECHNOLOGY

APPLICATION FORM

for

SHORT COURSES

P. O. Box AH50 Achimota: Tel/Fax: 0302-405802 or Tel: 0302-401681-3 Ext: 1177/2076
E-mail: sot@gimpa.edu.gh Website: <http://sot.gimpa.edu.gh>

Please indicate the COURSE you wish to pursue:

Date of Program: From To.....

SECTION A: NOMINATING ORGANIZATION

- 1. NAME ORGANIZATION
- 2. Indicate whether Public [] Private [] NGO/Parastatal []
- 3. ORGANIZATIONAL/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		

Note: Please add photocopies of your CERTIFICATES

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

.....
.....
.....

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

If Residential, would you prefer

Standard Room [] Air-Conditioned Room []
Refurbish Standard [] Executive Hostel []

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 StampDate:

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)