KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION	A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
IAM	OAH DANIEL accept the conditions of admission to
pursue a co	burse in
Student's	Full Address
299/H OT	TIA CITY
KASOA	
KASOA G	REATER ACCRA CX-080-
2781	
Signature	Date:
I have read	I the rules, regulations and conditions regarding my ward's admission and I agree that he/she enrolled at Kumasi Technical Institute on the basis of what I have read.
Name:	MR. DAVID KOJO AMOAH
Address:	299/H OTIA CITY KASOA KASOA GREATER ACCRA CX-080-2781 Ghana
Telephone	e/Mobile No: 0245299180
Email:	
Signature	: Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.