KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS) IABDUL WAHAB BILAL accept the conditions of admission to to abide by the Institute's rules, regulations and any other conditions which may be made from time to time. **Student's Full Address** P. O. BOX 25 KUMAWU KUMASI ASHANTI AP-0017-4264 Ghana **Signature:** Date: **SECTION B" TO BE COMPLETED BY PARENT/GUARDIAN** I have read the rules, regulations and conditions regarding my ward's admission and I agree that he/she should be enrolled at Kumasi Technical Institute on the basis of what I have read. ABDUL WAHAB ABDALLAH Name: Address: P. O. BOX 25 KUMAWU KUMASI ASHANTI AP-0017-4264 Ghana Telephone/Mobile No: 0247221310 **Email:** Signature:....

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.

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