

KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS)

I **ABDUL SAMED SHARIHAN** accept the conditions of admission to
pursue a course in **INDUSTRIAL MECHANICS** and promise
to abide by the Institute's rules, regulations and any other conditions which may be made from time to
time.

Student's Full Address

C/O FIRST BAPTIST SCHOOL, P.O.

BOX 389

OBUASI

OBUASI ASHANTI C/O FIRST

BAPTIST SCHOOL, P.O. BOX 389

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.

Name: ABDUL SAMED SHAIBU

Address: HN NN/36/B OBUASI
OBUASI ASHANTI HN NN/36/B
Ghana

Telephone/Mobile No: 0244366907

Email:

Signature: **Date:**

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE
PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.