KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS) IMOHAMMED SALIFU accept the conditions of admission to pursue a course in ELECTRICAL MACHINE/MOTOR 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** P.O.BOX 4154 **ADUKROM** KUMASI ASHANTI REGION AS-083-3183 Sibratare: 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. **ABULLAH TDRISS** Name: Address: P.O.BOX 4154 ADUKROM KUMASI ASHANTI REGION AS-083-3183 Ghana Telephone/Mobile No: 0547988069 **Email:**

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

Signature:....