



INSTITUTE OF PRACTICAL TECHNOLOGY

P.O. Box TI 654, Taifa-Accra, Ghana

Location: Okanta, Nsawam

Tel: +233 0553 99 44 16; +233 0244 46 41 87

Email: admissions@iptghana.edu.gh

FIX
PASSPORT
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HERE

Whatsapp Number: 0555754420 FORM NO.

INSTRUCTIONS FOR FILLING THE APPLICATION FORM:

1. Form should be filled in CAPITAL LETTERS and properly completed.
2. If possible, all original certificates should be produced.
3. Add a photocopy of your Ghana Card or Passport for international students.

PERSONAL DETAILS:

First Name: Surname Name:

Middle Name (if any) Sex: ☐ Male ☐ Female

Date of Birth:

Religion: ☐ Christian ☐ Muslim ☐ Other (Please specify)

Postal Address:

Home Address:

Country City/Town:

Address for Correspondence if offered admission:

Digital Address (if any): Whatsapp No:

Tel No: Email address:

SUMMARY OF ACADEMIC BACKGROUND (IF ANY)

Date of Attendance	Schools Attended	Certificate Acquired

PLEASE INDICATE TIME FOR SCHOOL IF ADMITTED:

☐ Morning ☐ Afternoon ☐ Weekend (Saturdays and Sundays)

I INTEND TO STUDY A COURSE IN:

- | | |
|--|---|
| <input type="checkbox"/> Catering & Hospitality Management | <input type="checkbox"/> Acting |
| <input type="checkbox"/> Construction Technician | <input type="checkbox"/> Cosmetology |
| <input type="checkbox"/> Driving school | <input type="checkbox"/> Hair <input type="checkbox"/> Facials <input type="checkbox"/> Make up <input type="checkbox"/> Beauty |
| <input type="checkbox"/> Electrical Engineering Technician | <input type="checkbox"/> Media Studies |
| <input type="checkbox"/> Fashion | |
| <input type="checkbox"/> Heavy Duty Equipment Operating | |
| <input type="checkbox"/> Information Technology | |
| <input type="checkbox"/> Languages | |
| <input type="checkbox"/> Land Surveying | |
| <input type="checkbox"/> Motor Vehicle Technician | |
| <input type="checkbox"/> Sound Engineering / Instrumental Play | |

EMPLOYMENT HISTORY (if any):

Name of Organization:

Responsibility:

Please indicate:

☐ Actively working with the organization☐ Disengaged with the organization**DETAILS OF PARENT/GUARDIAN:**

Parent/Guardian Name:

Address:

Tel. No:

Relationship to Applicant: Signature:

Date:

This section should be endorsed and stamped by any of the following: Heads of Civil and Public Service units, the clergy, chiefs, imams, lawyers, judges, heads of academic institutions.

Name:

Address:

Tel. No:

Signature: Date:

STUDENT DECLARATION:

I hereby declare that all the answers to this application are complete and accurate to the best of my knowledge including the information on my academic background. I have been informed on the regulations of admittance to the Institute of Practical Technology and on the tuition fee. I am prepared to timely cover the expenses of studying in IPT. I am warned that failure to re-port all the complete and accurate information will invalidate my application and my result in invalidity of a certificate/diploma obtained if admitted.

Date: Signature: