



ADMISSION FORM

NASTECH INSTITUTE OF I. T. (NIIT) & NETWORKING NASH SYSTEMS TECHNOLOGY (NASTECH)

P. O. BOX 1946, SUNYANI. TEL.: 233-3520-28737 / 020-8119650 / 024-4571567 Email info@nashsystemstechnology.com

DEALERS IN: - Computer Sales, Support, Maintenance & Training (Software and Hardware)

We are Specialists in all kinds of Networking.

LOCATE US ON THE FIRST FLOOR OPPOSITE THE NEW REGIONAL HOSPITAL SUNYANI AT PENKWASE ON THE CHIRAA ROAD.

Diploma Courses: Dip in Information Technology / Dip in Networking / Dip in Modern Secretariat ship

Student's First Name: _____ Middle Name _____ Other Name _____

Program(s) / Course(s) _____

Duration: _____ Date of Birth: _____ Sex: _____

Hometown/Place of Birth: _____ Region: _____ Place or Town of Residence: _____

House Number: _____ Telephone (s): _____

Mailing address for Notification: _____

Student lives with: (please tick)

Both Parents Mother Father Guardian Alone

FAMILY INFORMATION

Father's Name: _____ Occupation: _____

Father's Address: _____

Mother's Name: _____ Occupation: _____

Mother's Address: _____

PAYMENT OF FEES

Name of person who pays fees: _____

Address of person who pays fees: _____

Relationship to Student: _____

SCHOOL

Name/Address of last school attended: _____

Course Studied _____ Year Completed _____

DECLARATION BY STUDENT

I understand that I may be asked to withdraw at the end of the academic year if my conduct is not good and/or I have too many failing marks.

SIGNATURE OF STUDENT: _____ DATE: _____

DECLARATION BY PARENT/ GUARDIAN

I confirm that I am the parent/ guardian responsible for the fees and agree to pay them when they are due. I also understand that my ward may be asked to withdraw at the end of the academic year if she has too many failing marks and/or her conduct has not been satisfactory.

SIGNATURE OF PARENT/ GUARDIAN: _____ DATE: _____

ADMISSION FORM FEE: GH¢ 3.00

CONTACT THE DIRECTOR FOR YOUR DIGITAL PASSPORT PHOTO TO BE TAKEN, APPLICANTS COMING IN FOR ONLY HARDWARE SHOULD ATTACHED A COPY OF THEIR SOFTWARE CERTIFICATE DONE ELSE WHERE .

Person Receiving Form _____ Date: _____