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Application for Admission

Complete all sections of the ap	Date: / /				
	etails				
Name:			Nick Name:		
Date of Birth (DD/MM/YY)		Gender	Male	Female	
1 1					
Father's Name:			Mother's Name:		
Address					
Present Address:					
Permanent Address:					
Postal Address:					
Guardian Name, Address	:				
			Phone:		
E-mail Address:			Fax No.:		
Telephone No. (Incl. Area Code)			Cellphone		
Home:			Personal 1.:		
Office:			Personal 2.:		
On Request No.:			On Request No.:		
Nationality:			Religion:		
∑∑ Educational	Details				
Year Completed (YYYY)	Degree		Name of Institute	Qualification Obtained	

Please indicate the highest level of educational attainment you have achieved **Course Duration Course Name** Name of Institute Year ∑ Employment
Duration FT/PT **Employer Position Main Duties Course Code** Course Name in full **Course Duration** Note: Declaration and signature • I declare the information supplied in this application and the documentation supporting it is correct and complete. • I acknowledge that the provision of false or misleading information may result in the non-acceptance of this application or immediate expulsion from the BTTI. • I authorise the BTTI to verify any information provided by me. • I authorise the BTTI to obtain, where necessary, from any other educational institution evidence of my academic record or to seek other corroborating evidence with respect to my application. • I authorise the BTTI to release details of my academic records as requested by other education institutions to assist and corroborate the processing of applications I may make to such institutions. NB: Your application may be cancelled if you do not provide true and complete information in connection with your application, or if you make any changes to the above declaration and authority.

Signature \(\sum_{\rightarrow} \)

Office use only

Date

Student ID: