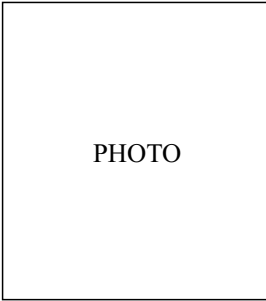




**INSTITUTE OF
ACCOUNTANCY
TRAINING**
MINISTRY OF FINANCE, ACCRA



**APPLICATION FOR ADMISSION
TO *FULL/PART-TIME COURSE**
**(Delete where not applicable)*

This is to be completed in block letters (four copies) along with an approved application fee of [GhC.....] and returned to the Registrar, Institute of Accountancy Training by [Closing date]

1.Course	
2.Surname	3.Other names
4.Nationality	5.Date of Birth <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/> (dd/mm/yyyy)
6.Hometown	

7. Address to which all communication in connection with this application should be sent

Permanent Home Address	Postal Address
Tel: <input style="width: 150px;" type="text"/>	Mob: <input style="width: 150px;" type="text"/>
E-mail: <input style="width: 100%;" type="text"/>	

8. Previous Education:

Name of Schools/ Colleges/ Institutions	Date of attendance		Particulars of offices held and other activities at school
	From	To	

9. Details of certificates obtained.

CERTIFICATE	SUBJECT	LEVEL	GRADE	YEAR

(Please attach photocopies of certificates or results slips)

10. Details of Examination taken for which results are awaited

CERTIFICATE	LEVEL	SUBJECT

11. Employment particulars

Name and address of employer	
Number of years worked	Position held

12. Are you registered to any professional body? If so state date and registration number

.....

13. DECLARATION TO BE COMPLETED BY EMPLOYER

I can certify that Mr./Ms/ Mrs.
has been employed in this department for.....years and is still our employee. I
have examined the attached documents and I am convinced that he/she satisfies the
admission requirements of the Institute.

.....
Signature of Employee

Name

Status.....

Address.....
Date and status stamp

14. I declare that the information given above is to the best of my knowledge correct.

.....
signature of applicant Date.

14. Closing date for submission of Application Form

15. SELECTION EXAMINATIONS will be held on.....
at the Institute at.....a.m.

FOR OFFICE USE ONLY

Date for submission of application form
APPLICATION NUMBER
STATUS