

SIKRI TECHNICAL & VOCATIONAL COLLEGE FOR THE BLIND AND DEAF

STUDENT APPLICATION FORM

APPLICANT’S PERSONAL DETAILS

Name.....

Date of birth (DD-MM-YY).....

Phone Number.....

Email

Are you living with disability? Yes No

If yes, state the nature/type of disability

Parent/Guardian information

Name:..... Phone No.:.....

SUMMARY OF ACADEMIC BACKGROUND (Starting with the highest)

Year of Completion	Name of institution	Qualification

N/B: Attach copy of your certificate & result slip for each qualification

Course applied for:

Course name.....Level.....

Declaration

I declare that all the answers to this application are complete and accurate to the best of my knowledge that any incorrect or misleading information, may lead to invalidation and disqualification of my application.

Date:..... Signature of applicant:.....

FOR OFFICIAL USE ONLY

Received By (Secretary): STAMP:.....

Verified & Issued with Offer of admission form? YES NO

D/Registrar (Admission): SIGN & STAMP:.....