

**Previous GIMPA ID Number (if applicable):**

.....

**Name of Applicant:**

.....

*(First Name Other Name Surname)*

**Passport  
Picture**

**GHANA INSTITUTE OF MANAGEMENT AND  
PUBLIC ADMINISTRATION (GIMPA)**

*Motto: Excellence in Leadership, Management and Administration*



**CENTRE FOR INFORMATION TECHNOLOGY  
DEVELOPMENT (CITD)**

REGULAR

EVENING

WEEKEND

**APPLICATION FORM FOR PROFESSIONAL DIPLOMA IN I.T**

**CONTACT: Tel:** 030401681/2/3 or 0556133189 | **Email:** [citd@gimpa.edu.gh](mailto:citd@gimpa.edu.gh) | **website:** [www.gimpa.edu.gh](http://www.gimpa.edu.gh)

**PLEASE INDICATE THE PROGRAMME YOU WISH TO PURSUE:**

.....

**SECTION A: NOMINATION**  
**ORGANIZATION- (SPONSORSHIP)**

1. NAME OF ORGANIZATION.....

2. TYPE OF ORGANIZATION    Public     Private

3. ORGANIZATIONAL/PERSONAL ADDRESS:

.....

.....

TELEPHONE .....

**SECTION B: PERSONAL DATA**

1. Surname: .....

2. Middle Name(s): .....

3. First Name(s): .....

4. Date of Birth (D/M/Y) ..... Age: ..... Sex.....

5. Place of Birth (Region/Country) ...../.....

6. Nationality.....

7. Marital Status..... No. of Children.....

8. Address to which all communications in connection with this application should be sent

.....

.....

9. Email.....

10. Tel: Home.....Office.....Cell.....

11. Permanent Address: (If different from the above)

.....

.....

Telephone.....

Emergency Contact: [1] Name: ..... Relationship .....

Tel: .....Email: .....

Emergency Contact: [2] Name: .....Relationship .....

Tel: ..... Email: .....

**SECTION C: SPONSOR'S OFFICIAL NOMINATION**

This section must be completed by the Head or Representative of the organization sponsoring the applicants who answered Section A.

12. I wish to nominate the above applicant for admission to the above Programme.

Name of Officer Nominating.....

Rank/Title: .....

Signature & Official Stamp.....

Date: .....

**SENIOR SECONDARY SCHOOL CERTIFICATE (SSSCE) WASSCE**

NAME OF INSTITUTION		DATE OF COMPLETI		SUBJECTS	GRADE
1			1	English	
			2	Maths	
			3		
3			7		
			8		
			9		
				Aggregate	

**WEST AFRICAN EXAMINATION COUNCIL ADVANCED LEVEL (A/L)**

NAME OF INSTITUTION		DATE OF COMPLETION		SUBJECTS	GRADE
1			1		
			2		
			3		
2			4		
			5		
			6		
3			7		
			8		
			9		

**WEST AFRICAN EXAMINATION COUNCIL ORDINARY LEVEL (O/L)**

NAME OF INSTITUTION		DATE OF COMPLETION		SUBJECTS	GRADE
1			1		
			2		
			3		
2			4		
			5		
			6		
3			7		
			8		
			9		

**SECTION D: OFFICIAL USE ONLY**

APPLICANT ADMITTED    YES     NO

COURSE DETAILS AND DURATION:.....

.....

REMARKS .....

OFFICIAL'S NAME.....DATE:.....