



No.1, Kajegbo Street (Opposite Chicken Republic Eatery Former Santos Hospital) Challenge, Ibadan, Oyo State, Nigeria. G.P.O Box 11641 Dugbe, Ibadan. E: 23408035637035, 08078780721, 07083229810 810 02 8700456
 Branch Office: 16 Carlswald Decor Center 5/6th & Harry Gelaun, Midrand, Johannesburg, South Africa +27 866 111 950 fax E-mail: info@kingstartechsupports.com, sales@kingstartechsupports.com
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A P P L I C A T I O N F O R A D M I S S I O N

RECEIPT NO: FOR OFFICIAL USE APPLICATION NO: KTL/12/

Dispatch to the KTL Office on:.....

.....
 Application Received by.....

.....
 Date:.....

Dispatch to on:.....

Application Received by.....

.....

Date:.....

Please quote this number in any correspondence
 With all Institutions. Return all the completed
 forms to the Admission Office.
 No. 1, Kajegbo street (Opposite Chicken Republic
 Eatery Former Santos Hospital) Challenge Ibadan,
 Oyo State, Nigeria, G.P.O Box 11641
 Dugbe, Ibadan. 08035637035, 08078780721,
 07083229810, E-mail: info@kingstartechsupports.com
 Sales@kingstartechsupports.com

1. Course Desired :

Course:.....

Attach securely, a recent
 Passport Photograph

2. Mode: Full Time (Weekday)

Part Time (Weekend)

3. **Name in Full:** Title..... Surname.....

First Name:..... Middle Name:..... Preferred Initials:.....

4. **Martial Status and Maiden Name (If married):**.....

5. **Date of Birth:**..... 6. **Nationality:**..... 7. **State o Origin:**.....

8. **Home Address (Including Location, P. O. Box, Tel. Fax, E-mail, etc.):**.....

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9. **Office/Sponsor or alternative but reliable contact address (Including location, P.O.**

Box, Tel., Fax, E-mail, etc.):

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**Submit completed application forms with two passport-sized photographs, and two
Copies each of the credentials.**

10. **Complete Education Records**

A. Primary or Elementary

Name of Institution	Place and Country	Period Attended	Certificate Obtained (If any)	Subject and Grades

B. Secondary or High School

Name of Institution	Place and Country	Period Attended	Certificate Obtained (State Class or division)	Subject and Grades

C. Post Secondary or Tertiary

Name of Institution	Place and Country	Period Attended	Certificate Obtained (State Class or Division)	Subject and Grades

11. Complete Employment Record

What was your occupation during the past year (e.g. school/work/study/unemployed).....

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If you are currently employed, please indicate.....

Employer..... Period(years/months).....

Position in Organization.....

Occupation.....

Total years of work experience.....

12. Please, frankly comment about your personality, academic and professional attainments.

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13. When do you propose to start your course and what is your plan of study? (Part-Time Students only)

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14. Person responsible for payment of fees (Please attach a copy of ID document)

Title..... Initials..... Surname.....

Relationship:.....

Tel (H)..... Tel (W)..... Cell-Phone.....

Postal Address:.....

Other Address:.....

Signature: _____

15. Do you have any health or physical disability? If yes, explain:.....
.....
.....

16. Declaration by applicant

I hereby declare that the information supplied in this form is to the best of my knowledge and belief correct and that if any time the information is found to be untrue, my application should be rejected or studentship terminated. I agree that the institution is not bound by my application to give me admission. I will also present myself for any admission selection tests or interviews. That I will accept the decision of the admission/examination committee as final. I also undertake to comply with the rules, regulations and decisions governing the programme which may be applicable to participants in general and/or to the field of study for which I am registered.

Name:.....**Signature/Date:**.....