**GAMBIA TELECOMMUNICATIONS AND**



 **MULTIMEDIA INSTITUTE**

Tel: 4390660 / 4375326 / 4395132 / 4376133 Website: [www.gtmi.gm](http://www.gtmi.gm)

**TRAINING APPLICATION FORM**

AMOUNT D100

**PHOTO**

1. SURNAME:.……………………………………………………………NAME(S):……………………………………………SEX: M / F
2. ADDRESS:………………………………………………………………………………TEL:……………………………………………………………..
3. DATE OF BIRTH: AGE:………… NATIONALITY:……………………………………...

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| --- | --- | --- |
| DAY | MONTH | YEAR |

1. OCCUPATION:……………………………………………………………………………….
2. ACADEMIC QUALIFICATION

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| SCHOOL(S) ATTENDED | YEAR |  | CERTIFICATION / DIPLOMA |
|  | FROM | TO |  |
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1. Sponsors (If sponsored by: Employer, charity, special agreement and other)

Name:……………………………………………………………………………………………........ Address: …………………………………………………………

Next of Kin Name:……………………………………………………………………………………………………. Tel………………………………………………….

A NOTE TO STUDENTS

* Complete this form in BLOCK LETTERS
* Provide one passport-sized (coloured) photo
* Provide certified copies of academic professional certificate
* Read and adhere to the institute’s rules and regulations
1. TITLE OF COURSE:…………………………………………………………………..

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Sales Person Signature Student Signature Date