MINISTRY OF EDUCATION, TERTIARY EDUCATION, SCIENCE AND TECHNOLOGY

APPLICATION FOR ADVANCED CERTIFICATE IN EDUCATION (PRIMARY) PROGRAMME

SURNAME: (Mr/Mrs/Miss*) ……
*(*delete as appropriate)* *(in block letters)*

OTHER NAMES: ……
(in block letters)

MAIDEN NAME: ……*(if applicable)*

DATE OF BIRTH: …….…… AGE: ……..……..…

NID No: ……..

FULL RESIDENTIAL ADDRESS: ……

……..

TEL NO (Residential): …… MOBILE NO: …… (Office) ……..

PRESENT APPOINTMENT:……

DATE OF PRESENT APPOINTMENT: ……....

STATE WHETHER G.P OR O.L: ……..……

IF O.L PLEASE SPECIFY LANGUAGE: ……

PRESENT POSTING: ……..

QUALIFICATIONS: ……..……..……..…

DATE AWARDED TEACHER'S CERTIFICATE PRIMARY:……

Photocopy of above Certificate should be submitted.
Failure to produce same may entail your elimination from the selection exercise.

…… **……**
Date **Signature of Applicant**

FOR OFFICE USE ONLY

Checked and found correct.

Name: …… Designation: ……

Date: …….. Signature: ……