



MAKLAND INSTITUTE

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ADMISSION FORM

Instructions:

1. All fields must be filled
2. Please write your name exactly as it appears on your examination slip/certificate
3. Attach a copy of your Educational Certificates (WASSCE, Degree etc), Ghana Card and ONE Passport Picture

AFFIX YOUR PHOTOGRAPH HERE
(GREEN BACKGROUND)

PERSONAL INFORMATION

TITLE: MR MRS MS DR PROF REV REV. DR. REV. SIS.

SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ REGION OF BIRTH: _____

PLACE OF BIRTH: _____ NATIONALITY: _____

HOME-TOWN: _____ HOME REGION: _____ GENDER: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED SEPERATED POSTAL REGION: _____

POSTAL ADDRESS: _____ POSTAL TOWN: _____

RESIDENTIAL ADDRESS: _____ RESIDENTIAL GPS ADDRESS: _____

NATIONAL ID TYPE: _____ EMAIL ADDRESS: _____

ID NUMBER: _____ CONTACT: _____

HIGHEST EDUCATION: WASSCE CERTIFICATE DIPLOMA/HND DEGREE OTHERS _____

CHOOSE SESSION: REGULAR WEEKEND NAME OF WORKPLACE: _____

LOCATION OF WORKPLACE: _____ REGION OF WORKPLACE: _____

PARENT / GUARDIAN INFORMATION

TITLE: MR MRS MS DR PROF REV REV. DR. REV. SIS.

SURNAME: _____ FIRST NAME: _____ OTHER: _____

POSTAL ADDRESS: _____ POSTAL TOWN: _____ TOWN: _____

RESIDENTIAL ADDRESS: _____ POSTAL REGION: _____

CONTACT: _____ EMAIL ADDRESS: _____

OCCUPATION: _____

HOW DID YOU HEAR OF THE SCHOOL? POSTER INTERNET SOCIAL MEDIA SOMEONE

DECLARATION: I acknowledge that the information provided above are true and accurate.

STUDENT'S SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

ADMISSION REMARKS _____

SIGNATURE OF TRAINING COORDINATOR _____

DATE OF ADMISSION _____