



KENT COMPUTER TRAINING CENTRE

Motto: Reconciliation, Peace & Community Integration

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Affix Passport Photograph Here

REGISTRATION/ADMISSION FORM

SECTION A: APPLICANT PROFILE

REGISTRATION NO: _____

NAME (SURNAME FIRST)

DATE OF BIRTH: GENDER: MALE FEMALE

MARITAL STATUS:

ADDRESS:

E-MAIL:

PHONE NUMBER:

STATE OF ORIGIN:

QUALIFICATION:

COURSE TYPE: CERTIFICATE DIPLOMA

SIGNATURE/DATE: _____

SECTION B: PARENT/GUARDIAN

NAME:

ADDRESS:

TOWN/CITY:

STATE/PROVINCE:

PHONE NUMBER:

SIGNATURE/DATE: _____

SECTION C: FOR OFFICE USE ONLY

ADMITTED NOT ADMITTED