



## INSTITUTE OF PROJECT MANAGEMENT PROFESSIONALS AND TECHNICAL EXAMINATION UNIT OF GHANA EDUCATION SERVICE

TO BE COMPLETED IN DUPLICATE AND RETURNED TO THE HEAD OF THE OFFICE OF REGISTRAR

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	Post Office Box WY. 2367, Dome-Kwabenya, Accra	Affix Pix
(Use blue pen and b	lock letters)	
1. Name of Applican	t: Mr./Mrs./Miss./Ms.	
Surnamo		
Surname		
First Name		
Middle Name (s)		
2. Gender	Male Female	
3. Date of Birth	D D M M Y Y Y	
4. Nationality:		
5. Indicate the prog	ram of your choice Diploma in Business Studies Program	imes.
a) Accounting	b) Marketing c) Purchasing & Supply	d) Statistics
e) Entrepreneurs	hip f) Event Management g) Banking 8	ß Finance
h) Diploma in Pub	olic Finance & Accountancy Part I	
i) Diploma in Pub	lic Finance & Accountancy Part II	

7. Postal Address		Tel No		
8. Email Address (Compulsory)				
9. a) Present Occupation				
b) No. of years in present occup	oation			
c) Present Employer's Name and				
d) Total Working Experience				
10. Previous Education Backgroun	d			
Name of Calcad		Date of A	Carliff and a Assessment of	
Name of School		From To		_ Certificate Awarded
APPLICANT'S DECLARATION				
I hereby declare that the above p	articulars al	oout me are t	o the best of	my knowledge correct.
Signature		Date		
DECLARATION				
This declaration should be signed photographs. This person should be valid if this declaration is not strue likeness of the applicant.	be the hold	er of a respor	nsible position	n. The application will not
Mr./Mrs./Misswho is personally known to me. I to the best of my knowledge they	have inspe	cted the certi	ficates submi	
Stamp	Sta	tus		
Name		Date	•••••	
Occupation		Addres	SS	

## **IMPORTANT**

The following enclosures should accompany the completed application form;

- a) Copies of certificates or result slips.
- b) Three recent passport size photographs, one of which must be endorsed.

This application form can be downloaded from www.ipmp.edu.gh

## **FOR OFFICE USE ONLY**

I have vetted the application and can certify that the information provided is in consonance wi
the requirements of the Chartered Institute of Logistics and Transport.

Name of officer	
Signature	.Date