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UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA STAFF CONCESSION APPLICATION FORM

SECTION A:

Applicant's Information (To be completed by Staff or Former Staff or Next of Kin of deceased staff on behalf of dependant)

Name of Applicant:		
(Surname)	(Other name	<i>(s)</i>
Applicant's Postal Address:		
Applicant's Status: Please tick ($$) as	s appropriate SM	SS JS
Date of First Appointment into the L	Iniversity:	
Present Appointment in the Universi	ty (if applicable):	
Applicant's Department/Unit/Section):	
If retired/resigned/deceased, tick as (If deceased, attach copy of death/l		e year:
Signature of Applicant:		Date:
(Only for persons completing on behduring the time of processing) Name		• •
Signature of Next of Kin:		Date:
SECTION B: Dependant's Inform	nation (To be completed	by Dependant)
Name of registered dependant:		
name of registered dependant	(Surname)	
Date of Birth:	C	Contact No.:
Relationship to Candidate: Please tid	ck (√) as appropriate	
Registered Biological Child	Registered Ward	Registered Spouse
Name of Institution where concession	on is required:	
Pin No:	E – Vouc	her SN:
Choice of Programme:	1	
	_	
	2	

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Examination details of child/ward/spouse (Attach copies of examination results if any)	
SSSCE Subjects/Grades Core (1) English (2) Mathematics (3) Integrated Science (4) Social Studies	
Electives	
(1)(2)(3)(4)	
WASSCE Subjects/Grades Core (1) English (2) Mathematics (3) Integrated Science (4) Social Studies	
<i>Electives</i>	
(1)(2)(3)(4)	
'A' Level Subjects/Grades	
(1)(2)(3)(4)	
Is your child/ward/spouse awaiting results? Please tick ($$) as appropriate Yes No	_
Signature of Dependant:	
SECTION C: Confirmation of Information (To be completed by Head, HR Unit)	
I confirm that Mr/Mrs/Miss/Ms i	S
REGISTERED DEPENDANT of	Γ
Signature of Head, Human Resource Unit: Date:	
SECTION D: Approval (To be completed by Registrar)	
Approval of concession information by Registrar:	