VAAD TEACHER TRAINING CENRE

(Approved by G.E.S)

REGISTRATION FORM

Contact Director on:

0245665873 / 0240319196

Email:

vaadatte2@yahoo.com

Digital Address:

GK-0837-8237

Location:

Oyibi-Cental Sasaabi, behind Bakhita Hospitalities, Dodowa road

PASSPORT PHOTO

PERSONAL DATA

Full Name: .....

Age: ..... **Gender:** Female ☐ Male ☐

Postal Address: .....

.....

Residential Address: .....

.....

Last Level of Education: .....

Contact number: .....

Name of School & Location: .....

.....

Teaching Experience: .....

Name of PROPRIETOR & Tel No.:

.....

.....

I _____certify that the information provided by me to the best of my knowledge is true.

Signature ..... **Date:** .....

(Applicant)

WITNESS

Full Name: .....

Age: .....

Postal Address: .....

.....

Residential Address: .....

.....

Occupation .....

Contact number: .....

Signature ..... **Date:** .....

(Witness)

FOR OFFICIAL USE ONLY

RECOMMENDATIONS .....

.....

.....

Signature:..... Date: .....

(VIDA AFLA-NKEGBE)

MANAGING DIRECTOR

CHOOSE VAAD FOR THE BEST TEACHING SKILLS