



SECTION 1: INFORMATION ON INSTITUTION

Name of Institution:

Institutional Code: Ghana Post GPS:

Location (town, city, region):

Postal Address:

Website:

E-Mail Address Tel. Number:

Details of Head of Institution

Title Of the Head:

Name of The Head:

Contact Number:

E-Mail Address:

PROGRAMMES BEING APPLIED FOR

SN	LEVEL (HND/DIPLOMA/CERTIFICATE)	PROGRAMME NAME	Mode of Delivery Regular/Weekend/Evening	Duration	Status (existing or New)



S/N	NAME OF PROGRAMME APPLIED	CURRICULUM AVAILABLE	
		YES	NO

NB. Please indicate the programmes with ready curriculum above.

SECTION 2: LEGAL DOCUMENT

1. Fire Service Certificate • <i>Copy of the original certificate</i>	Attach copy
2. Tax Clearance Certificate from GRA • <i>Applicable to Private institutions only (Should be submitted in PDF)</i>	Attach copy
3. Scanned copy of ECOWAS Identity Card (Ghana card) of Head of institution	Attach copy
4. Copies of curriculum	Attach copy
5. Institution's examination policy	Attach copy

Please submit hard copies of the above documents

SECTION 3: DETAILS OF TEACHING STAFF

SN	NAME OF LECTURER	QUALIFICATION				DESIGNATION	YEAR OF APPOINTMENT	NATURE OF APPOINTMENT (Full/Part Time)
		DEGREE	PROG AREA	AWARDING INST	YEAR OF COMP			

Please attach details of teaching staff to documents.



DETAILS MANAGEMENT STAFF

S/N	NAME	DEGREE	PROGRAMME AREA	AWARDING INSTITUTION	YEAR OF COMPLETION	DESIGNATION	YEAR OF APPOINTMENT	NATURE OF APPOINTMENT (Full/Part time)

SECTION 4: INFRASTRUCTURE

Type	Number
1. Lecture Rooms	
2. Library	
3. ICT laboratory	
4. Lavatory	
5. Etc.	

LABORATORIES AND WORKSHOPS

Types Of Laboratories/Workshops	FIXED ITEMS/TOOLS		CONSUMABLES	
	Names	Quantities	Names	Quantities



SECTION 5: EXAMINATION

1. EXAMINATION UNIT			
1. ITEMS	YES	NO	QUANTITY
Computers			
Printers			
UPS			
Backup System			
Cabinets			
Reprographic Machines			
Safes			
Working desk			
Others (list them)			

2. EXAMINATION OFFICER	
Name	
Highest Qualification	
Years of Relevant Experience	
Contact Number	E-Mail
Tel. number(s)	

I. ATTACHMENTS	ATTACH
Certificate of Authorization	
Certificate of Accreditation/ Affiliation	
List of Teaching Staff	
List of Non-Teaching Staff	
List of Workshop Equipment	
Fire Certificate	
MoUs with Relevant Industry	
Examination policy	
Any Other Document (Name of Organization)	

NB. Please indicate with a tick when the requested documents are uploaded.



SECTION 6: ACCOUNT DETAILS

NB: Payments made are not refundable

PAY AN AMOUNT OF **THREE THOUSAND, SIX HUNDRED
AND TWENTY TWO GHANA CEDIS, FIFTY PESEWAS (GHS 3,622.50)** TO

Account No: 1011130003543**Account Name: CTVET Examination Fees****Bank: Ghana Commercial Bank, GCB BANK LTD**

SECTION 7: DECLARATION

I..... (VC/Principal/President/Director)
declare that the information provided in this application and the attachments therein,
are true to the best of my knowledge. Further, I acknowledge that the submission of
false information shall render this application void.

Sign:**Date:****FOR OFFICIAL USE ONLY.****DATE RECEIVED:****DATE SCHEDULED FOR READINESS ASSESSMENT:****STATUS****COMMENTS**