

**Ghana-India Kofi Annan Centre of Excellence in ICT
Advanced Information Technology Institute
(AITI-KACE)**

EXAM REGISTRATION FORM

Personal Details:

Surname: _____ First Name: _____

Gender: Male Female

Date of Birth:(yyyy/mm/dd) _____ Nationality: _____

Place of Birth: _____ Country of Birth: _____

Address: _____

Type of ID (National ID) _____ ID Number: _____

Tel: no.: _____ 2nd Tel. No.: _____

Email: _____

Other Information:

Emergency Contact Name: _____

Contact Number: _____

Exam Information

Exam Registered for: _____

How did you hear about the Exam/ (Tick where appropriate)

Through a friend Advert website Brochure

Others: _____

Note: Pls come along with your ID card on the first day of exams

I declare that to the best of my knowledge the information supplied in this registration is correct and complete. I acknowledge that the withholding of, or provision of incorrect information or documentation relating to this registration may result in the cancellation of registration by AITI-KACE. I consent to have my personal information and registration records held at AITI-KACE.

I declare that I have read and understood all sections of this form.

Signature: _____

Date: _____