



PENTECOST UNIVERSITY COLLEGE
APPLICATION FORM
ASSOCIATION OF BUSINESS EXECUTIVE (ABE)

Affix a
Passport
Picture here

NAME (Surname):..... (First Name):.....

(Other Names).....

DATE OF BIRTH:
D D M M Y Y Y Y

PLACE OF BIRTH: GENDER: MALE FEMALE

NATIONALITY:

REGION: HOMETOWN:.....

MARITAL STATUS: SINGLE MARRIED DIVORCED

ADDRESS FOR COMMUNICATION PURPOSES:

.....
.....
.....

PERMANENT ADDRESS:

.....
.....
.....

TEL:..... E-MAIL:.....

PARENT OR GUARDIAN ADDRESS:

.....
.....
.....

TEL:

CODE: ABE/

EDUCATIONAL BACKGROUND

All Schools Attended with dates. Begin with JSS /JHS (Attach all results slips)

NAME OF SCHOOL	DATE ATTENDED	QUALIFICATION

EMPLOYMENT DETAILS

NAME OF COMPANY	DATE EMPLOYED	DATE EMPLOYMENT ENDED	POSITION HELD	DUTIES

REFERENCE

NAME	POSITION	PERIOD YOU HAVE KNOWN THIS APPLICANT	COMMENT ON CANDIDATE'S ABILITY TO PURSUE THE PROGRAMME
1.			
2.			

Note: Enclose two (2) passport size photographs, one (1) of which must be endorsed by anyone of your referees above.

DECLARATION:

I DECLARE THAT ALL THE PARTICULARS FURNISHED BY ME ON THIS APPLICATION FORM ARE GENUINE AND REFLECT MY TRUE RECORDS.

DATE:.....

SIGNATURE:.....

ANY APPLICANT WHO MAKES A FALSE DECLARATION OR WITHHOLDS RELEVANT INFORMATION WOULD BE REFUSED ADMISSION.

NOTE:

PLEASE SEND COMPLETED FORM TO:

**THE ABE CO-ORDINATOR
PENTECOST UNIVERSITY COLLEGE,
P. O. BOX KN 1739,
KANESHIE, ACCRA**

FOR PUC OFFICE USE ONLY

REMARK.....

.....

.....

NAME:..... SIGN:..... DATE:.....