



ABOT COLLEGE OF HEALTH SCIENCES AND TECHNOLOGY

OFFLINE APPLICATION FORM

ADMISSION PROCESS

Our admission process is very simple. It is made of three phases:

1. Application
2. Interview
3. Acceptance

NOTE: All students would go through these processes to be admitted into ABOT College. Please **do not apply through a proxy or pay any fee except to the account number provided here.**

CONTACTS

EMAIL:

info@abotcollege.edu.gh

TEL:

0248 77 88 66,
0248 77 79 89,
0200 00 35 55,
0200 00 30 55,
0014047044349

WEBSITE:

<http://www.abotcollege.edu.gh>

MOTTO:

EDUCATE, INNOVATE, HEAL

APPLICATION GUIDELINES

Please **complete this form with accurate information**. You are expected to **submit all pages of the form before the due date**. Failure to do so will delay the processing of your application form. You are expected to pay an **application fee. (Please check from the website.)** Only those who have paid this registration fee would have their forms processed.

You would **receive a notification on your mobile phone number** provided to **confirm the receipt of your application and the next step in the admission process.**

**MAKE
PAYMENTS
TO**



**ABOT COLLEGE OF HEALTH SCIENCES AND TECHNOLOGY
ZENITH BANK
HEAD OFFICE, ACCRA
ACCOUNT NUMBER: 0006010161223**



PERSONAL INFORMATION

First Name: Middle Name: Last Name:

Date Of Birth:/...../..... Gender: M [] F [] Marital Status:

Maiden Name: Nationality:

Residence Country: Mobile Number:

Alternative Mobile Contact: Country Code:

Email Address:

Alternative Email Address:

Residential Address: Suburb or Town:

City or State: Hometown:

Postal Address:

Emergency Contact Name:

Contact Number: Any Disability?: Yes [] No []

Who do you currently live with?: Relationship:

Mobile Number: Email:

Are you allergic to any particular food or substance? Yes [] No [] If yes, state:

PARENT OR GUARDIAN INFORMATION

Guardian Name: Mobile:

Hometown: Nationality:

Occupation: Profession:

Email Address: Alt. Email Address:

Residential Address: Postal Address:



SPONSORSHIP INFORMATION

Note: For applicants who are being sponsored by organizations only.

Company Name: **Location:**

Contact Person: **Mobile:**

Position of Contact Person: **Office Line:**

Scholarship covers? : Tuition Accommodation Supplementary Materials

Type of scholarship: **If merit-based, specify threshold mark (%):**

Duration of scholarship (in years): **Scholarship Amount /pa (USD \$):**

Or GHC:

INSTITUTIONS ATTENDED

Note: List previous institutions

INSTITUTION NAME	ENTRY YEAR	EXIT YEAR	AWARD
			BECE
			WASSCE / SSSCE

ACADEMIC RECORDS

*** For only WASSCE / SSSCE applicants**

SUBJECT	GRADE
ENGLISH	
CORE MATHEMATICS	
INTEGRATED SCIENCE	
SOCIAL STUDIES	
ELECTIVE 1:	
ELECTIVE 2:	
ELECTIVE 3:	

Note: Please kindly attach your results slip, and transcripts from other colleges if you are a transfer student, to the application form before submitting. Those applying with SHS certificate should also attach a copy of their results slip.



PROGRAMME SELECTION

Note: Please select only one programme by ticking against it.

TICK	PROGRAMME NAME
	Diploma in Registered General Nursing (3 years)

DECLARATION

I hereby declare that the information I have provided above to ABOT College is correct, and reflects the current facts and data from my records. ABOT can therefore use the above information in all of its formal dealings, and in such matters, call me to provide evidence of same facts provided, if necessary. I stand to be held accountable if the information provided above is found to be wrong, inconsistent or untrue. Furthermore, I pledge to accept my withdrawal from ABOT if any of the information provided is later found to be a misrepresentation of me.

Date:

Applicant Signature:

ATTACHMENTS

1. Recommendation Letter from religious, government, academic, social or corporate leader.
2. A copy of results slip and/or transcript.
3. Four copies of passport sized photograph.
4. Scanned copy of any national identity (Birth Certificate, Voters ID or National ID)

NOTE

Please make sure you pay your application fee into the Zenith Bank account provided above. Attach a copy of your payment receipt to this application form after completion and send it to:

ABOT COLLEGE OF HEALTH SCIENCES AND TECHNOLOGY
P. O. BOX 5655
KUMASI
 Or **Drop it off at ABOT Campus at Dominase – ASHANTI**

How did you hear of us? Your website Google Search Flyers Friends Radio TV

FOR OFFICIAL USE ONLY

Application Fee: GH¢	USD(\$)	Ref No:
Received and Acknowledged:		Date:
Applicant Admitted: Yes [] No []		Course Admitted to:
Signature of Officer:		Date: