

	Institution Name ኢትዮ-ጣሊያን ፖሊቴክኒክ ኮሌጅ ETHIO-ITALY POLYTECHNIC COLLEGE	Document No. OF/EIPC/RO/003	
	Title: NEW TRAINEE'S APPLICATION FORM	Issue No. 2	

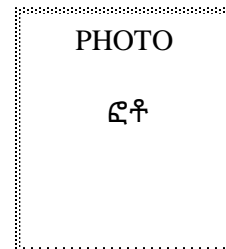
Date _____

1. PERSONAL INFORMATION

1.1. Full Name: - _____

 Name Father's Name G. Father's Name

 ስም የአባት ስም የአያት ስም



1.2. Trainee's Birth Place Information

Region: _____ Zone: _____ Woreda: _____ Town: _____
 Date of Birth: _____ Month: _____ Year: _____ Age: _____

1.3. Sex: Male Female

1.4. Address: Region: _____ Zone: _____ woreda: _____ Town: _____
 Kebele _____ House No _____ Mobile No _____

1.5. Labor ID: _____

2. EDUCATION INFORMATION

2.1. Elementary school

Grad level	School name	Year Attended from-to (E.C)	Region	Zone/sub city	Woreda	Town	Remark
6 th							
8 th							

2.2. Secondary & Preparatory school

Grade level	School Name	Year Attended from-to (E.C)	Region	Zone/sub city	Woreda	Town	Remark
9 th							
10 th							
11 th							
12 th							

EHEEQC	School name	Year	Registration No	1 sub.	2 sub.	3 sub.	4 sub.	5 sub.	6 sub.	7 sub.	GPA	Remark
12 th												

PLEASE MAKE SURE THAT THIS IS THE CORRECT ISSUE BEFORE USE

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3. Handicap Information

Are you Handicap?

Yes

No

If your answer is yes select

Hearing Disability Vision Disability

Physical Disability Other, specify _____

4. Trainee's Contact Information/ Person to be contacted in case of emergency

Contact First Name Contact Father's Name Contact G/Father's Name

Region: _____ Zone/ sub city: _____ Woreda: _____ Town: _____

Kebele: _____ House No: _____ House Phone No: _____

Mobile Phone Number: _____

5. Language information

Write any three languages that you can speak

1. _____ (Mother Tongue)
2. _____
3. _____

Note: - I hereby certify that the information given in this form is complete and accurate. I fully, realize (agree) that the college is entitled to take any action against me, if I failed to respect the rules and regulation of the college.

Applicant's / Trainee's

Name: _____

Signature: _____

Date: _____

Approved by

Name: _____

Signature: _____

Date: _____

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