



# GLOBAL MARITIME ACADEMY

WARRI - DELTA STATE  
NIGERIA.

## APPLICATION FORM

SERIAL .....

Programme	Choice Of Specialization

Application form for admission into:

Full Time

Part Time

20 / 20

Please, carefully read through the advertisement before completing the application form; and ensure that you are qualified and returned with two sampled self addressed envelopes to:

The Registrar,  
Global Maritime Academy  
P.O. Box 341, Warri  
Nigeria.

Not Later than .....

PLEASE USE CAPITAL LETTERS TO COMPLETE THIS FORM

### PART ONE

1. Full Name:.....  

*Surname*
*First Name*
*Middle Name*
2. Sex: Male  Female
3. Date of Birth:.....
4. Home Town:.....
5. Local Govt. Area:.....
6. State Of Origin: .....
7. Nationality:.....

8. Marital Status: ..... 9. Religion:.....
10. Maiden Name (if Married) .....
11. Postal Address:.....  
.....
12. Permanent Home Address:.....  
.....

**PART 2**

**LIST OF SCHOOLS ATTENDED**

13.

	From	To

14. **QUALIFICATION WITH DATES**

(Photocopies of all certificates or statement of results must accompany this form).

West African School Certificate / SSCE			National Examination Council NECO			Other Appropriate Qualification		
Subject	Grade	Date	Subject	Grade	Date	Subject	Grade	Date

Total subjects passed :.....

Centre of Exams:.....

Exam No:.....

**PART 3**

15. **WORK EXPERIENCE** (To be complete by those in employment)

- (i) Present Employer:.....
- (ii) Position Held:.....
- (iii) Date appointed:.....

**PART 4**

16. Names and addresses of two referees one of whom must be a Head of Department / Principal of School attended.

- (i) .....
- (ii) .....

17. Particulars of parents/Guardian or Next of Kin

- (i) Name:.....
- (ii) Address:.....
- (iii) Occupation:.....

18. **COMMENTS / REMARKS BY CANDIDATES:**.....  
.....  
.....

**PART 5**

19. **DECLARATION**

- I, .....hereby declare
- (i) that the information stated above is to the best of my knowledge and belief, accurate in every detail and
  - (ii) if at any time it is discovered that the information I have given is false or incorrect, I will be required to withdraw or liable to prosecution or both and
  - (iii) that if I am admitted, I shall keep the rules and regulations of the institute.

Signature ..... Date .....

PART 6

FOR OFFICIAL USE ONLY

.....  
Name and Signature of Officer making Entry

Cheque No.....

No and Date of Receipt issued .....

Date of Receipt Acknowledged.....

Result of Application.....

Other Comments.....

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