

DEEPKNOWLEDGE CONSULTING

NOMINATION FORM

Full Name in CAPITALS:

Name of Program:

Duration of Program:

EDUCATION

Highest Level of Education:

EMPLOYMENT

Position:

ORGANISATION

Name of Organisation:

Address of Organisation:

Telephone No: Email:

COURSE FEES: Fees Enclosed Gh¢

Cheque / Bank draft No:

NOTE:

Fees include Tuition, Meals, Course Materials. **Full payment of Fees** should accompany completed Nomination Forms or must be paid on the commencement day of the course.

APPROVING AUTHORITY

Name of Officer Nominating:

Designation:

Signature: Date:

This FORM together with remittance should be returned to the / or Email it to: The Registrar deep knowledge consulting
