



BEACON INSTITUTE OF SURVEYING ENGINEERING AND MAPPING

P.O. BOX AF 1738, ADENTA-ACCRA, DIGITAL ADDRESS GM-053-2128

APPLICATION FOR ADMISSION

SESSION

REGULAR ☐

WEEKEND ☐



FIX PICTURE HERE

1. PERSONAL DATA

NAME _____

FIRST NAME

SURNAME

OTHER NAMES

DATE OF BIRTH ____/____/____

DAY

MONTH

YEAR

NATIONALITY _____

SEX : MALE ☐

FEMALE ☐

AGE: _____

MARITAL STATUS: MARRIED ☐

SINGLE ☐

MAILING ADDRESS

TELEPHONE NO.

DIGITAL ADDRESS

EMAIL ADDRESS

RESIDENTIAL ADDRESS

NAME AND ADDRESS OF CONTACT PERSON TO BE CALLED IN CASE OF EMERGENCY:

MAILING ADDRESS

TELEPHONE NO.

DIGITAL ADDRESS

EMAIL ADDRESS

RESIDENTIAL ADDRESS

2. EDUCATION (START WITH LAST ATTENDED SCHOOL AND WORK BACKWARDS)

NAME OF SCHOOL	YEAR OF STUDY (FROM TO)	CERTIFICATE AWARDED

PLEASE ATTACH PHOTOCOPIES OF CERTIFICATES OBTAINED AND A COPY OF IDENTIFICATION CARD

3. COURSE PREFERRED

CERTIFICATE IN LAND SURVEYING AND GEO-INFORMATION TECHNOLOGY ☐

HND IN LAND SURVEYING AND GEO-INFORMATION TECHNOLOGY ☐

4. DECLARATION BY APPLICANT AND GUARANTEED BY AN APPROPRIATE AUTHORITY APPLICANT

I, _____
Hereby declare that the information I have provided is the truth and void of any inaccuracies.

SIGNED (APPLICANT) _____

_____/_____/_____
DATE

GUARANTOR

I, _____
Hereby declare that the information I have provided is the truth and void of any inaccuracies.

SIGNED (GUARANTOR)_____

TELEPHONE NO. _____
_____/_____/_____
DATE

SUBMIT COMPLETED APPLICATION FORMS TO:

EMAIL: admission@bisem.edu.gh

faboagyelarbi19666@outlook.com

WHATSAPP NO.: +233 244 067 365