

GWERU INSTITUTE OF TECHNOLOGY

Address: 473 – 26L Takawira Road, Gweru Phone: 054 2222 144 | 0715 232 000

Mail: admin@git.co.zw | appy@git.co.zw

Website: www.git.co.zw

APPLICATION FORM

Application for admission into the Diploma programme

INTAKE: 2

Notes

- 1. Fill out the application form thoroughly.
- 2. Use block letters and check the appropriate boxes.
- 3. Provide truthful information, as false details will lead to disqualification and potential further action.
- 4. Attach certified copies of your academic certificates, birth certificate, and ID (two copies each).
- 5. Submit your completed application to the Registry Office or send the application to admin@git.co.zw

PART A: PERSONAL DETAILS

Full Name	
Sex	
Date of Birth	
Nationality	
I.D	
Contact Details	
Tel Number	
Email	



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Next of Kin (Full Name)	
Cellphone Number (Next of Kin)	
Do you Have Any Disability	
If yes, please specify	

PART B: EDUCATIONAL QUALIFICATIONS

'O' Level

	Subject	Symbol Attained	Year Obtained
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

'A' Level (to be completed by Post 'A' Level candidates)

	Subject	Symbol Attained	Year Obtained
1.			
2.			
3.			
4.			



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PART C: PROGRAMME OF CHOICE

Indicate the Diplor	ma programme of your choice (please	tick)		
1. Level:.		•		
2. Progra	mme:	•••		
PART D: DECLA	ARATION			
	nformation I have given is correct, and e disqualified and may face legal action		ound to be fa	ılse; my
SIGNATURE:		DATE:		
NB: ONLY SUC	CESSFUL APPLICANTS WILL BE	CONTACTED		
FOR OFFICIAL	USE			