

WORK EXPERIENCE

Name of Company/Firm	Position(s) held	From	To	Area of Specialization

Hobbies and Community Involvement:

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EMERGENCY CONTACT

Name Relationship

Address

Tel. No. (Home) (Cell) (Office)

FINANCIAL ARRANGEMENTS

Programme Fees are as follows:

TVITT \$15,000.00 (100% covered by GATE)

Should you refuse G.A.T.E. Please indicate how your tuition fees will be paid (where fees are to be paid other than by self, sponsoring party should indicate by counter-signing. (Please make cheques payable to **MIC Institute of Technology Limited**)

Fees to be paid by: [] Self [] Company

Signature: _____

Signature: _____

Authorised Company Representative/Stamp

DECLARATION OF APPLICANT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all information contained in this application is true and correct to the best of my knowledge. I agree to abide by the rules and regulations of MIC. I understand that falsifying any part of this application may result in rejection of the application or termination of my registration with the institution.

**NOTE: THIS APPLICATION IS
NOT CONSIDERED COMPLETE
UNTIL THIS DECLARATION HAS
BEEN SIGNED AND DATED.**

.....
Signature of Applicant

.....
Date

**SUBMIT THIS
APPLICATION
FORM AT ANY OF
OUR CENTRES**

MACOYA HEAD OFFICE
5A Century Drive
Trincity Business Park
Macoya
1 (868) 663-4642

How did you learn about this programme?

- Radio T.V. Press Promotion Event
 Social Media Other

For further information contact the Training Department
Phone no.: 1 (868) 663 - 4642 ext 3306, 3057 Email: training@mic.co.tt or info@mic.co.tt