Attach one recent coloured Passports photo



# **International Institute of Rural Agriculture (IIRA)**

#### APPLICATION FORM FOR DILOPMA ADMISSIONS

#### ACADEMIC YEAR\_\_\_\_\_

#### **SECTION A: INSTRUCTIONS**

- 1. This form is intended for applicants wishing to pursue an International Diploma in Agriculture (Crop, Livestock or Project Management Options)
- 2. Details can be obtained from IIRA Website: IIRA.org or enquiries sent to: <a href="mailto:iiraagribusiness@gmail.com">iiraagribusiness@gmail.com</a>
- 3. This form **MUST** be completed and returned through this Email: ??
- 4. Each applicant attach;
  - a. Photocopies of certificates/result slips/transcripts and certified copies of the degree,
    certificates or Diplomas obtained
  - b. A copy of a National Identity Card (for 18 years and above) or an Identification from the previous institutions (for below 18 years)
  - c. A Copy(ies) of appointment/ contract/recommendation of relevant work experience (if any) and

- d. A Copy of the passport
- e. Personal statement as to why you want to do the selected course and the anticipated career path.

#### **Note:**

- i. In some cases, online or personal interviews will be arranged.
- ii. Persons with disabilities and those from vulnerable categories and at-risk population such as females, urban poor, fishing communities, and others are encouraged to apply.

## **SECTION B: PARTICULARS OF APPLICANT** (To be completed in CAPITAL letters)

#### 1. Names

Surname Name	Other Names
204 - Possell 6 4	

#### 2.Other Personal Information

Nationality	Date of Birth	Male/Female	NIN

#### 3. Home Address

Home District	Parish (LC II)
County	Village (LC I)
Sub-county (LC III)	Religious Affiliation

#### 4. Contacts

Mobile No(s)	Email Address (If any)

## 5. Information on Disability (where applicable):

Disabled Applicants should attach photographs showing level of disability Or medical report from hospital as evidence of being disabled.

Disabled (Tick)	Yes / No
Nature of disability (Tick)	Deaf/ Blind, /Physical disability, /Albinism, /Asthma, /Sickle cell
Level of disability (Tick)	Mild / Severe / Very Severe

## 6. Parents / Guardian Details:

	Father / Guardian	Mother /Guardian
Names		
Nationality		
NIN		
Telephone Contacts		

**SECTION C: EDUCATIONAL BACKGROUND** (To be completed by Applicant where applicable)

#### 1. PLE Results

Name of School	Year of sitting	Index Number	<b>Total Aggregates</b>	Division

#### Fill in the details

Subject	Maths	English	SST	Science	Aggregate
Grade					

## **Summary of the Grades:**

DISTINCTIONS	CREDITS	PASSES

2. (	O' L	evel:	<b>UCE</b>	results	OR	its	Ec	[uiva]	lent
------	------	-------	------------	---------	----	-----	----	--------	------

Name of School	Year of sitting	Index Number	Total Aggregates	Division

## Fill in the details

Subject					
Grade					

# **Summary of the Grades:**

DISTINCTIONS	CREDITS	PASSES

# 3. Technical School/Community Polytechnics: UJTC/UCPC results

Name of Institution	Year of sitting	Index Number	Course Name	Grade

## Fill in the details

<b>Course Name</b>			
Grade/ scores			

# **Summary of the Grades:**

DISTINCTIONS	CREDITS	PASSES

# 4. Technical/Vocational Institutes: National Certificate/Advanced Craft Certificate Results

	Name of Institution	Year of sitting	Index Number	Course Name	Final Grade
--	---------------------	-----------------	--------------	-------------	-------------

## Fill in the details

Course Name			
Grade/ scores			

# **Summary of the Grades:**

DISTINCTIONS	CREDITS	PASSES

# 5. A-Level: UACE Results OR its Equivalent

Name of School	Year of sitting	Index Number	Combination	<b>Total Points</b>

## Fill in the details

Subjects			
Grade			

# **Summary of the Grades:**

As	Bs	Cs	Ds	Es	Os

6. Any other Qualification(s) - Attach Result Slips, Certificates or A
--

Name of School	Year of	Registration	Course Name	Class Grade
/Institution/University	sitting	Number		

# **SECTION D: RELEVANT WORK RECORD (IF ANY) - (Attach** copies of Appointment OR Contract Letters)

S/N	Organization/Employer/ Self	Post Held	Period
	Employment		

# SECTION E: CHOICE OF COURSES (select from the attached list)- Ensure that courses chosen are offered at the chosen TVET Institutions.

1st Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
		,
	ason for choosing the Course(s)	you have selected.
SECTION F: CHOICE	E OF TVET INSTITUTIONS	(select from the attached list)
1st Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
SECTION G: DECLA	RATION	
I		declare that to the best of my knowledge,
the information provided	l above is correct.	
Signature:	Date:	
N		
<u>Note</u> : Falsification of in courts of law.	iformation can lead to cancell	ation of the offer and prosecution in the

# SECTION H: FOR OFFICIAL USE ONLY

The committee has vetted and recommended that the applicant:				
i.	Be admitted on: - Private	Partial		
	Course			
	Institution			
ii.	Not be admitted; reasons			
_	Head of Selection Team	Signature and Date		
Other Remarks:				
_				
	Centre Supervisor	Signature and Date		