



GHANA COMMUNICATION TECHNOLOGY UNIVERSITY
HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT
DIRECTORATE
APPLICATION FOR STAFF CONCESSION FOR REGISTERED DEPENDANT
ACADEMIC YEAR 2023-2024

(To be completed in duplicate by Staff or Former Staff or Next of Kin of deceased staff on behalf of dependent)

SECTION A: Applicants Information

Name of applicant.....

Surname

Other Names

If retired /resigned/deceased, tick as appropriate and indicate year:

(If deceased attach a copy of the death /burial certificate)

Applicant's File No..... Applicants Contact No:

Applicant's Email Address (if any):

Applicant's Department:

Applicant's Postal Address:

Applicant's Signature: Date:

Applicants Status: SM [] SS [] JS [] please tick as appropriate

(For persons completing on behalf of deceased staff and applicant who is not available during the time of processing only) Name of next of Kin:

Signature of next of Kin: Date:

SECTION B: Dependent's Information

Name of registered child/ward/spouse:

Date of Birth:

Relationship to Candidate: (Tick as appropriate)

Registered Biological Child [] Registered Ward [] Registered Spouse []

State date of registration: (Attach a copy of the letter of registration)

How many concessions have the applicant benefitted from previously?

.....

Examinations Details of child/ward/spouse (Attach copies of examination results if any)

What is the aggregate of child/ward/spouse results?

Is your child/ward/spouse awaiting results? (Please tick) Yes [] No []

