



KUMUL TRAINING INSTITUTE

Competency Based Training

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CASA PNG License
Exposition 141/003

KTI – SCHOOL OF AVIATION STUDIES - 2024 APPLICATION FORM

STUDENT DETAILS

Name: (Full name) Date of Birth
Sex: Age: Marital Status Province:
Contact Address: Town/City
Ph: Email: Current Residential.....
Suburb.....Sect..... Lot.....Parents/Relatives Ph:

Id Size Photo

COURSE NAME & DETAILS

Diploma in Aircraft Maintenance

Duration: 2 Years

Certificate Course Name:

Duration

EDUCATION:

Grade 10 Marks:.....Grade 12 MarksGPA.....

Last School Attended.....Highest Qualification Attained:

EMPLOYMENT (If any)

Employer. Employers Address:
Ph:Fax: Email:.....

School fees be paid to

Kumul Training Institute -
Kina Bank, Account No:
14372837

SPONSORSHIP: (i) Self:(ii) Department /Organization:
(iii) MP Sponsored.....

PAYMENT (i) Cash/Amount..... (ii) Cheque/ Amount.....
(iii) Cheque DrawerCheque NO:

TRAINING CAMPUS: (i) Port Moresby

ENROLMENT STATUS: (i) Boarding (ii) Day

School fees be paid to:

Kumul Training Institute
BSP – Waigani Branch
Account NO: 1001596190

Students Declaration & Agreement:

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I hereby declare and agree that the school Fees paid or deposited into Kumul Training Institute nominated bank accounts provided above is **NON REFUNDABLE**. Additionally, if I break any school rule is a criminal offence which can be dealt with the school authority for punishment be it fine, suspension or termination depending on the nature of the offence. I declare and agree that the information provided above are all true in every nature.

(i) Student Name..... (ii)Parents/Guardians/Sponsors Name.....

Signature:

Signature:

Dated this ___ / ___/2023

Dated this ___ / ___/2023.