



DIGITAL TECHNOLOGY INSTITUTE

University College

P.O. BOX 1310, NHLANGANO KINGDOM OF ESWATINI, SOUTHERN AFRICA

Plot 130 7th Street Nhlango. Telefax: (0268)22077821

WhatsApp Mobile Cell: (0268) 76044317 / (0268) 78111399

A factory of solutions

APPLICATION FOR ADMISSION

FORM SHOULD BE FILLED IN TRIPPLICATE

QUALIFICATION APPLYING FOR	
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Applicants should ensure they meet the minimum entrance requirements prior to submission.

NAMES OF APPLICANT	
SURNAME	
IDENTITY NUMBER	
POSTAL ADDRESS	
HOME TELEPHONE #	
CELL NUMBER#	
EMAIL ADDRESS	

DECLARE THAT THE INFORMATION GIVEN IS TRUTHFUL AND ACCURATE

Full name of Applicant _____ Signature _____ Date ___/___/___

Full name of Financier _____ Signature _____ Date ___/___/___