



# INTERNATIONAL COLLEGE OF AERONAUTICS

Approval Number: OEQA/PESP/VOC/002

## Head office

4, Isheri Holiday Inn.  
Off Budand Road  
Ojodu - Ikeja, Lagos State

## Education Centers

Lagos State Polytechnics, Ikorodu  
Murtala Muhammed Airport  
Ikeja Lagos

## PROFESSIONAL AVIATION STUDIES ONLINE ADMISSION FORM

FORM NO:

**INSTRUCTION:** Please read carefully before completing this form.

The information you provide will be treated confidentially. Applicants are to answer all questions truthfully. The information you are required to give will be used to evaluate your suitability for admission. An applicant may be disqualified or may have his/her admission withdrawn for giving false information, if discovered at any time.

**BASIC AVIATION TECHNOLOGY**

**CERTIFICATE**

**APPLIED AVIATION SCIENCE:**

**CERTIFICATE**

**DIPLOMA**

PROFESSIONAL FLIGHT TRAINING

AIRCRAFT BUILDING ENGINEERING

AIRCRAFT MAINTENANCE (EASA)

FLIGHT SYSTEMS (DRONE TECH)

**APPLIED SCIENCE**

**ASSOCIATE DEGREE**

**BACHELOR'S DEGREE**

AIRCRAFT MAINTENANCE

QUALITY ASSURANCE

AEROSPACE QUALITY ASSURANCE

### 1. PERSONAL INFORMATION

FULL NAME \_\_\_\_\_  
First name Last name Other name

MAILING ADDRESS \_\_\_\_\_

PERMANENT HOME ADDRESS \_\_\_\_\_

SEX: MALE  FEMALE  DATE OF BIRTH \_\_\_\_\_  
Day/Month/Year

MARITAL STATUS: SINGLE  MARRIED  DIVORCED  WIDOWED

PLACE OF BIRTH \_\_\_\_\_ HOME TOWN \_\_\_\_\_

LGA \_\_\_\_\_ STATE OF ORIGIN \_\_\_\_\_

NATIONALITY \_\_\_\_\_ MOBILE NO \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

## 2. NEXT OF KIN

FULL NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ TEL NO \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**READ BEFORE YOU PROCEED:** Filling in any false report could result in a criminal offence thus, applicants are urged to be plain when filling this section.

## 3. APPLICANT'S EDUCATIONAL DATA

### A. SECONDARY EDUCATION

NAME OF SCHOOL	TOWN	DATE OF ATTENDANCE		CERTIFICATE OBTAINED
		FROM	TO	

### B. COLLEGE / UNIVERSITY ATTENDED

NAME OF INSTITUTION	QUALIFICATION OBTAINED	COURSE READ	YEAR OF ATTENDANCE	
			FROM	TO

### C. PROFESSIONAL CERTIFICATION

CERTIFICATE OBTAINED	CERTIFYING BODY	ADDRESS OF CERTIFYING BODY	YEAR OF CERTIFICATION

**SCHEDULE PREFERENCE** (Tick as appropriate)

FULL TIME

PART TIME: EVENING

WEEKEND

**HOBBIES**

State your hobbies (if any):

**MEDICAL RECORDS**

a) Do you normally wear glasses to correct vision? Yes  No

b) Do you need hearing aid? Yes  No

c) Do you suffer any other physical or mental disabilities? Yes  No

If yes, state the nature of the disabilities:

d) Do you smoke? Yes  No

e) Do you take alcohol? Yes  No

f) Have you ever been admitted in a hospital? Yes  No

If yes, please state the nature of illness and treatment received:

**CRIMINAL/DISCIPLINARY DETAILS**

a) Have you ever been convicted by any court of law? Yes  No

If yes, state reasons:

b) Any disciplinary action taken against you Yes  No

**ANY OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION**

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# DECLARATION

I certify that the particulars given in this form are to the best of my knowledge correct. I understand that withholding any information or giving false information will disqualify my application or mean admission withdrawal.

Name \_\_\_\_\_ Signature & Date \_\_\_\_\_

## LIST ALL DOCUMENTS ENCLOSED

_____	_____
_____	_____
_____	_____
_____	_____

**FOR OFFICIAL USE**

Date of receipt \_\_\_\_\_

Form registered by \_\_\_\_\_

Certificate checked by \_\_\_\_\_

Remarks (if any) \_\_\_\_\_