

APPLICATION FORM

Admission time
(Tick)

JAN MAY SEP

Date of birth e.g. 18/02 78

Year

Surname (One name only)

ID NO

Name of Parent/
Sponsor

COUNTY

P. O. BOX

Other Names

DISTRICT

Town

Mobile No.

Employed

Yes

Title

Mr.

Miss

Mrs.

No

Who Pays Fees

Sponsor

Receipt No.

Self

CHOICE OF TRAINING PROGRAMS IN ORDER OF PREFERENCE

| | Course Code | Course Title |
|----------------------------|----------------------|----------------------|
| <input type="checkbox"/> 1 | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> 2 | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> 3 | <input type="text"/> | <input type="text"/> |

All applicants will be subjected to a copetitive process to determine a suitable course based on the choice/ option made