KENYA INSTITUTE OF APPLIED SCIENCES

Along Uganda Road, near Eldoret Hospice P. O. Box 6421-30100 Eldoret **Kenya**



Tel: +254 (053) 2031294

Fax: + 254 (053) 2061500 Cell:0721223158/0734223156 Email: info@kias.ac.ke

Website: www.kias.ac.ke

This form must be filled and submitted to enable you register for a course

ALL DETAILS TO BE FILLED IN CAPITAL LETTERS

A) PERSONAL DETAILS

Name:	
Age:	
Nationality:	
B) CONTACT NUMBERS/ADDRESS	
Permanent Address:	
Mobile Number:	
E-Mail:	
NAME AND TELEPHONE NUMBER OF YOUR PARENT/GUARDIAN	
Name:	
Phone Number:	
Relation:	







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C) EDUCATIONAL BACKGROUND

SECONDARYSCHOOL ATTENDED

Name:	
Year of Completion:	
K.C.S.E Mean Grade:	
LIST ALL THE SUBJECTS YOU WERE EXAMINED SUBJECT	IN KCSE AND THE GRADES OBTAINED GRADE
English	
Kiswahili	
Mathematics	
Geography	
Biology	
Chemistry	
Physics	· · · · · · · · · · · · · · · · · · ·
Other(State)	







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Specify the course of your choice and the preferred intake (TICK ONE) Diploma in Medical Laboratory Sciences Diploma in Applied Biology Diploma in Information Studies Diploma in Medical Engineering Diploma in Community Development & Social Work Diploma in Analytical Chemistry
 Certificate in Medical Laboratory Sciences Certificate in Library, Archives and Information Studies Certificate in Science Laboratory Technology
D) HOW DID YOU LEARN ABOUT KIAS? Friend/Relative Career Talks Newspaper Advertisement Internet Search such as Google/Yahoo etc
E) I hereby certify that all statements on this form or any material attached in support thereof are true, correct and complete to the best of my knowledge and that all the information required has been disclosed accordingly. I hereby agree to abide by the rules and regulations of the institute enforced from time to time or otherwise.
Name: Date:
Signature (applicable if downloaded):





