NYAMIRA INSTITUTE OF SCIENCE AND TECHNOLOGY (NIST)

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Website: www.nyamirainstitute.co.ke ; Email: info@nyamirainstitute.co.ke

STUDENT ADMISSION FORM

(To be completed in duplicate and returned to the college within specified period)

A.	STUDENT/APPLICANT PERSONAL DETAILS

ADMISSION NO: _____

- Provide two passport size (coloured) photographs
- Attach copies of School/College certificate
- Attach copy of ID and Birth certificate

Name (in full)--- ----------------------------------

Gender   Male ⬭   Female ⬭   *Tick appropriately*

Date of Birth……………………….Nationality…………………………………IDNO/Passport No………………………………….
            [dd- mm- yy]
E-Mail address…………………………………………Phone Number……………………………………………………………………
County………………………………….Village………………………………Town……………………………………………………..
Permanent Address _____
Parent's Phone NO_____

If employed Business Address:

Company's Name: _____ P.O Box _____

Town _____ Tel: _____ Fax: _____Email: _____

B.	PARENT/GUARDIAN DETAILS

Who will be funding your studies (fill in his/her details below)

Name of Kin/Guardian

Name: _____ Tel: _____ Relationship: _____

Name of sponsor (if different from above) _____ Address: _____

Position: _____ Signature: _____ Date: _____

REFEREE_____CONTACT_____SIGN_____

	INSTITUTION NAME(s)	FROM(YR)	TO	COURSE/PROGRAM TAKEN
1				
2				
3				
4				

D. COURSE APPLICATION DETAILS

Course applying for_____

Level   Artisan [   ]   Certificate [   ]   Diploma [   ]   Degree [   ]

Faculty/Department_____Course Duration_____

Mode of study   Full-Time [   ]   Part-Time [   ]   Any other [   ]

Enrollment Date(INTAKE)-------------------------------------Lecture session(Time)--------------------------------

E. DECLARATION (APPLICANT)

I hereby certify that all information 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.

Name: _____

Sign: _____   Date: _____

F. FOR OFFICIAL USE ONLY

Names----------------------------------Date-----------------------Sign------------------Designation----------------------

Names----------------------------------Date-----------------------Sign--------------------Designation----------------------