

APPLICATION FORM

KSTI/ADM/FM



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info@knowledgespringinstitute.ac.ke

P.O BOX 5664 ELDORET

PLEASE WRITE IN CAPITAL LETTERS.

1. APPLICANT'S DETAILS

FULL NAMES: (as per secondary school certificates or its equivalent)						
TITLE:	MR []	MRS []	MS []	GENDER:	Male []	Female []

DATE OF BIRTH:	NATIONALITY:	NATIONAL ID/PASSPORT NO.
COUNTY:	SUB-COUNTY:	WARD:
*COUNTRY OF RESIDENCE:		*CITY OF RESIDENCE:

2. PERMANENT ADDRESS

P.O.BOX:	EMAIL:
MOBILE PHONE:	TOWN:

3. PARENT/GUARDIAN INFORMATION

NAME OF THE FATHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ALIVE
NAME OF THE MOTHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ALIVE
NAME OF THE GUARDIAN:	PHONE NUMBER:	OCCUPATION:	

4. EMERGENCY CONTACTS

NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP
NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP

5. EDUCATIONAL BACKGROUND:

a. Basic (Primary) Education

NAME OF THE SCHOOL	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED	MEAN GRADE /TOTAL MARKS

b. Secondary Education

NAME OF THE SCHOOL	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED	MEAN GRADE

6. DETAILS OF THE PROGRAMME APPLIED (tick appropriately)

i.	PROGRAMME LEVEL	Diploma [] (Level 6)	Certificate [] (Level 5)	Artisan (Level 4)	Level 3 []
ii.	PROGRAMME NAME				
iii.	MODE OF STUDY	REGULAR [] PART-TIME [] OPENING DISTANCE & ELECTRONIC LEARNING [] DISTANCE, INSTITUTION BASES AND e-Learning []			
iv.	PREFERRED INTAKE	January []	May []	September []	

7. FINANCING OF STUDIES (Tick Appropriately)

SELF []	PARENTS/GUARDIAN []	GOVERNMENT []	OTHER SPONSORSHIP []
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8. PREFERRED HOBBY (Indicate appropriately)

PREFERRED SPORT	
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9. STATE WHETHER YOU HAVE ANY SPECIAL NEEDS THAT REQUIRE SPECIAL ATTENTION

Please Tick Yes [] No [] If yes, State the need:

10. INDICATE HOW YOU LEARNT ABOUT KNOWLEDGE SPRING TRAINING INSTITUTE

Radio [] Television [] Newspapers [] Friends [] Career Exhibitions [] Referrals (Indicate the name where applicable)
 Others State

11. ATTESTATION.

I hereby certify that the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions, and that transcripts become the property of Knowledge Spring Training Institute and will neither be forwarded to another institution nor returned to me. I will include with this application my application fee receipt and other documents as required in the application instructions.

Signature: Date:

Sign your application form before returning it to Knowledge Spring Training Institute.

APPLICATION CHECKLIST

- a) Non-refundable application fee (Kshs. 1,000 or US\$ 25 for foreign students)
- b) Duly filled and signed application form
- c) Copies of all academic certificates including Primary, Secondary school certificates, Diplomas & Certificate level transcripts and certificates.
- d) Two (2) recent passport size photograph
- e) Copy of national I.D/Passport

ADDITIONAL REQUIREMENTS FOR INTERNATIONAL STUDENTS

- i. An official translation of academic records (where language of study is not English)
- ii. A current financial guarantee letter
- iii. Meet the entry requirement of the country of origin for the programme applied for.
- iv. An equation letter from Kenya National Qualification Authority (KNQA)

PAYMENT OF APPLICATION FEE

Application fee is payable

**Knowledge Spring Training
 Institute
 Account Number: 1090285429679
 Equity Bank
 Market Branch: Eldoret
 Payable at any Kenya
 Commercial Bank Branch**

OR

**Through
 M-Pesa Pay bill Number: 247 247
 Account Number: 99 22 33
 Money once paid is not refundable.**

ONLY DULY FILLED APPLICATION FORM WILL BE PROCESSED.

FOR OFFICIAL USE ONLY

APPLICATION NO: APPLICATION FEES RECEIPT NO. / CHEQUE NO.....

DATE:NAME: SIGNATURE

Knowledge Spring Training Institute RESERVES THE RIGHT OF ADMISSION
 More information may be obtained from the Office of the Manager/Principal, Knowledge Spring Training Institute