



INTERNATIONAL CENTRE OF TECHNOLOGY

ICT the shangri-la of modern technology

Ministry of Education registration No. MOHEST/PC/1405/011

Please complete all sections of this form in capital letters or type.
A non-refundable Kshs.500.00 fee must accompany this completed application form.
Names given on this form will be the names used on all official records in future.

Send application form to:

Admissions Office
International Center of Technology
P O Box 3612 – 01002,
Thika
Tel: 020 2022 694, 0720 010 720, 0713 086 416
E-mail: admin@ictcollege.org
website: www.ictcollege.org

AFFIX RECENT
PASSPORT
PHOTOGRAPH

I plan to begin attendance in: (Please tick appropriate box)

- Jan/Feb intake
 May/June intake
 Sept/Oct intake
Boarding facility required
 Yes
 No

I wish to apply for admission to study the following programme. (List your course in order of preference)

Personal Information

<input type="checkbox"/> Mr.	Last Name	Middle Name(s)	First Name
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			

Permanent Address

Street Address:	P.O. Box Number:
City:	Country:
Zip/Postal:	
Telephone:	Fax Number:
E-mail:	

Current Mailing Address (if different from above)

Street Address:	P.O. Box Number:
City:	Country:
Zip/Postal:	
Telephone:	Fax Number:
E-mail:	

Particulars of Next of Kin

Name:	Relationship:
Street Address:	P.O. Box Number:
City:	Country:
Zip/Postal:	
Telephone:	Fax Number:
E-mail:	

Personal Information

Gender (Please Tick)

Date of Birth: Month:	Day :	Year:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Place of Birth:	Citizenship:			
Passport No.:	Marital Status: Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>
ID No.:	(Please provide photocopy of I.D.)			

Name of Sponsor (name of person responsible for paying your fees if not yourself)

Name:	Relationship:
Street Address:	P.O. Box Number:
City:	Country:
Zip/Postal:	
Telephone:	Fax Number:
E-mail:	

**Education History:
Schools Attended**

Name of School	Address	Period	
		From	To

(High School) Results:

Year _____ Index No. _____ Grade _____

Subjects	Grade	Subjects	Grade

Other Institutions/Colleges attended

Name of Institution/College	Duration	Nature of Training/Course	Certificate obtained

Are you employed Yes. No. If not employed list down your work experience

Name and address of employer	Job Description	Duration

Address of employer _____

How did you hear about International Center of Technology Website Newspaper Advert Radio
 Friend attending college Relative Lecturer

List down name and address of a friend or relative who would like to receive an ICT application form

For official use only:	Official Stamp:
Date Received:	Received by:

Attach copies of all education certificates, examination slips and 4 recent colour passport size photographs.

Should you need assistance completing form kindly call our admission office on 0713 086 416, 0720 010 720 for guidance

DECLARATION

I certify that the information I have given in this application is complete and correct. I am aware that false information is grounds for disqualification.

Applicant's Full Name: _____

Applicant's Signature: _____ Date: _____