

INTERNATIONAL CENTRE OF TECHNOLOGY

ICT the shangri-la of modern technology

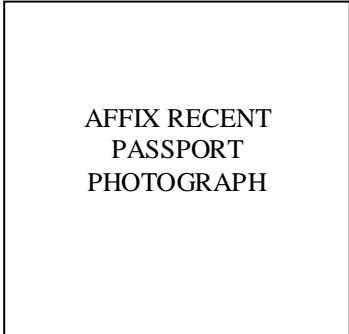
ADMISSION FORM

Please complete all sections of this form in capital letters

Names given on this form will be the names used on all official records in future.

Contact Details:

The Admissions Office
International Center of Technology
P O Box 3612 – 01002,
Thika
Tel: 020 2022 694, 0702-404322; 0732-404322
E-mail: admin@ict.ac.ke; academic@ict.ac.ke
Website: www.ict.ac.ke



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

- Jan/Feb intake**
 May/June/July intake
 Sept/Oct intake

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

1. Diploma in
2. Certificate in.....
3. Any other.....

Boarding facility required

- Yes**
 No

Personal Information

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

Permanent Address

P.O. Box Number:	Street Address:
Zip/Postal code:	City:
Telephone/ Mobile No:	Country:
E-mail:	Fax Number:

Current Mailing Address (if different from above)

P.O. Box Number:	Street Address:
Zip/Postal code:	City:
Telephone/ Mobile No:	Country:
E-mail:	Fax Number:

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.)			

Medical History:

Do you suffer from any terminal illness	Do you have any medical condition that the institution should be aware of?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please briefly explain:	

