CIT/QMS/F005

COAST INSTITUTE OF TECHNOLOGY
APPLICATION/REGISTRATION FORM

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM. COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS
P.O. Box 34-80300 VOI, KENYA
Tel: +254 0202169229 /+254 0412011393
Email: principal@cit.ac.ke /registrar@cit.ac.ke /registrarcit2016@gmail.com

APPLICATION NO:
RECEIPT NO:

1. PERSONAL DETAILS

FULL NAMES (*as per secondary school certificates or its equivalent*)		**ADMISSION NUMBER (to be issued)**
TITLE MR [ ] MRS [ ] MS [ ]	**MARITAL STATUS**	**GENDER** Male [ ] Female [ ] **RELIGION**

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

P.O.BOX	**CODE**	**CITY/TOWN**	**EMAIL**	**ETHNICITY**
MOBILE PHONE (student)		**NEMIS CODE**	**DATE OF ADMISSION (DD/MM/YYYY)**	

2. PARENT/GUARDIAN INFORMATION

NAME OF THE FATHER or GUARDIAN:	MOBILE NUMBER:	OCCUPATION:	ID NUMBER
NAME OF THE MOTHER:	MOBILE NUMBER:	OCCUPATION:	ID NUMBER

3. EDUCATIONAL BACKGROUND

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED	MEAN GRADE

4. EDUCATIONAL PLANS (*tick as appropriate*)

i	**PROGRAMME LEVEL**	Diploma [ ] Certificate [ ] Artisan [ ]
ii	**PROGRAMME NAME :**	**DEPARTMENT:**
iii	**DURATION:** 3 YEARS [ ] 2 YEARS [ ] 1 YEAR [ ] 6 MONTHS [ ] 3 MONTHS [ ]	
iv	**MODE OF STUDY**	Regular [ ] Evening [ ] Weekends [ ] Open, Distance and Electronic Learning (ODEL) [ ]
v	**PREFERRED INTAKE**	January [ ] April [ ] May [ ] August [ ] September [ ] December [ ]
vi	**PREFERRED CAMPUS**	Main Campus [ ] Town Campus [ ]

5. FINANCING OF STUDIES.

Please Tick SELF [ ]   PARENTS/GUARDIAN [ ]   GOVERNMENT/HELB [ ]   OTHER SPONSORSHIP [ ]

6. PERTINENT INFORMATION

PREFERRED SPORT : PREFERRED CLUB:	RESIDENT STUDENT [ ] NON-RESIDENT STUDENT (where is the residence) [ ]

7. a) DO YOU HAVE ANY FORM OF DISABILITY? *Tick Appropriately*

Physical disability [ ] Visual impairment [ ] Hearing Impairment [ ] Mental health conditions *(e.g. Bipolar)* [ ]

Autism Spectrum Disorder [ ] Dwarfism [ ]   Other [ ] Specify …………………………………………………………………………………….....

b) IS THERE ANY OTHER CONDITION YOU NEED TO BRING TO THE ATTENTION OF THE COLLEGE THAT MAY REQUIRE SPECIAL ATTENTION?

Please Provide Details; ……

…….....

8. INDICATE HOW YOU LEARNT ABOUT COAST INSTITUTE OF TECHNOLOGY

Radio [ ] Television [ ] Newspapers [ ] Friends/referral [ ] Exhibitions [ ] Career Teachers [ ] College Prospectus [ ] College Website [ ]   Social media [ ]   Career days [ ] Colleague [ ] Former/current Student [ ] Roadshows [ ] Any other (Specify)…………………………………………..

9. DECLARATION

I consent that information on my conduct, fee status, and academic progress may be made available to my parent/guardian/sponsor as appropriate.

10. ATTESTATION.

I hereby certify that the information given in this form is correct and complete to the best of my knowledge, and hereby give my permission to the registry office to obtain any verification deemed necessary to process my admission. I further certify that the official transcripts submitted become the property of the Coast Institute of Technology and will neither be forwarded to another institution nor returned to me. Signature: ……………………………………………………………….   Date: ……………………………………………………………………………… *Sign your registration form before returning it to the registry office for admission.*

APPLICATION CHECKLIST

1. Non-refundable application fee (Kshs.300. *No cash payment**)
2. Duly filled and signed application/Registration form
3. Copies of all academic certificates including secondary school certificates, Bachelors, Diplomas, Certificates & Artisan certificates.
4. Two (2) recent passport size photograph (write your name on reverse side)
5. Copy of national I.D/Passport.
6. Birth Certificate

- **Application fee is payable through Pay Bill Number: 4030613 (***Go to M-Pesa, select the Pay Bill option, and Enter your Name as account number, Amount, M-Pesa Pin).***

All fees should be paid directly to the following Institute Accounts:

a) KCB Voi Branch A/C No.1104806185,
b) DTB Voi Branch A/C No. 0255123001,
c) Co-op Bank Voi Branch A/C No. 01129220357100,
d) Equity Bank A/C No. 0790299323142,
e) Money Order from POSTA Kenya

ONLY DULY FILLED APPLICATION FORMS WILL BE PROCESSED.

FOR OFFICIAL USE ONLY (Admission officer)

I have certified that:

a) ID b) Results slip and Certificates) Photographs d) Medical form and all other course requirements have been met and therefore the student has been admitted.

Signature………

Date ………

Title…….

Stamp……….

COAST INSTITUTE OF TECHNOLOGY RESERVES THE RIGHT OF ADMISSION.
Website : www.cit.ac.ke

CIT is ISO 901:2015 Certified
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