



RIFT VALLEY INSTITUTE OF SCIENCE AND TECHNOLOGY

ISO 9001:2015 Certified Institution

COURSE APPLICATION FORM



A. PERSONAL DETAILS

SURNAME <input type="text"/>		FIRST NAME <input type="text"/>		OTHER NAMES <input type="text"/>	
ID/PASSPORT NUMBER <input type="text"/>		DATE OF BIRTH (dd/mm/yyyy) <input type="text"/>		MARITAL STATUS <input type="text"/>	
POSTAL ADDRESS <input type="text"/>	POSTAL CODE <input type="text"/>	TOWN <input type="text"/>	COUNTY <input type="text"/>	GENDER (tick one) FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	
MOBILE NUMBER <input type="text"/>	EMAIL ADDRESS <input type="text"/>		NATIONALITY <input type="text"/>		

B. ACADEMIC QUALIFICATIONS

CERTIFICATE	SCHOOL/COLLEGE ATTENDED	INDEX NUMBER	YEAR SAT	MEAN GRADE/ QUALIFICATION
KCPE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
KCSE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CRAFT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DIPLOMA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. SPONSOR/GUARDIAN DETAILS

FULL NAME <input type="text"/>	POSTAL ADDRESS <input type="text"/>	POSTAL CODE <input type="text"/>	TOWN <input type="text"/>
RELATIONSHIP TO APPLICANT <input type="text"/>	EMAIL ADDRESS <input type="text"/>	MOBILE NUMBER <input type="text"/>	OCCUPATION <input type="text"/>

D. NEXT OF KIN DETAILS

FULL NAME <input type="text"/>	POSTAL ADDRESS <input type="text"/>	POSTAL CODE <input type="text"/>	TOWN <input type="text"/>
RELATIONSHIP TO APPLICANT <input type="text"/>	EMAIL ADDRESS <input type="text"/>	MOBILE NUMBER <input type="text"/>	OCCUPATION <input type="text"/>

E. COURSE DETAILS

COURSE NAME <input type="text"/>	LEVEL (tick one) Artisan <input type="checkbox"/> Craft <input type="checkbox"/> Diploma <input type="checkbox"/> HDip <input type="checkbox"/>
MODE OF STUDY (tick one) Regular <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	CAMPUS (tick one) MAIN <input type="checkbox"/> NAKURU TOWN <input type="checkbox"/> KERICHO TOWN <input type="checkbox"/>

NOTE: Evening and Weekend available in Nakuru and Kericho Campus only

I confirm the information given above is correct to the best of my knowledge and do take full responsibility for any incorrect information

Sign _____

Date _____

Deposit Application Fee 500/=

Main Campus COOP BANK A/C No 01129087643400
Nakuru Town Campus KCB A/C No 1101786221
Kericho Town Campus TLB A/C No 43916001

OFFICIAL USE ONLY

VERIFIED BY _____

Sign _____ Date _____

Attach the following copies of testimonials

- Result Slip/Certificate
- Birth Certificate
- National ID
- School Leaving Certificate
- Application Fee Deposit Slip

For further inquiries write to:

The Principal, RIFT VALLEY INSTITUTE OF SCIENCE & TECHNOLOGY
P. O. Box 7182-20100 NAKURU OR Email: admission@rvist.ac.ke