



ADMISSION/REGISTRATION FORM

SEMESTER: **YEAR:** **KASNEB REG. NO:**
Surname: Other Name(s): **ADM. NO:**
Gender (Tick where applicable) Male Female
Postal Address: Postal Code: Town:
Mobile No: Office/Home Tel No: Email:
Date of Birth: Nationality: ID/Passport No:
Parent/Guardian/Next of Kin Name(s) Phone No:

COURSE DETAILS (Tick where applicable)

ACCOUNTANCY: CPA Part I CPA Part II CPA Part III
ATD Level I ATD Level II ATD Level III
FINANCE: CIFA Part I CIFA Part II CIFA Part III
GOVERNANCE & MGT: CS Part I CS Part II CS Part III
PROCUREMENT (KISM): CPSP Part I CPSP Part II CPSP Part III
CPSP Part IV APS Level I APS Level II

BUSINESS STUDIES:

DIPLOMA (MODULAR)

Business Management: Module I Module II Module III
Supply Chain Mgt: Module I Module II Module III
Human Resource Mgt: Module I Module II Module III
Sales and Marketing: Module I Module II Module III

BUSINESS STUDIES:

CERTIFICATE (MODULAR)

Business Management: Module I Module II
Supply Chain Management: Module I Module II
Human Resource Management: Module I Module II
Sales and Marketing: Module I Module II

SUBJECTS/UNITS REGISTERED

CPA	CS	CIFA	ATD	CPSP	APS	BUSINESS STUDIES	COMPUTER STUDIES
1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.	5.	5.
6.	6.	6.	6.	6.	6.	6.	6.

ATTENDANCE PATTERN

Full Time/Day Class Part Time/Evening Weekend Only Early Morning

DECLARATION

I hereby confirm that the information given in this form is true to the best of my knowledge and, I understand that the College reserves the right to cancel/deny admission if any of the information given above is proved to be false. That I have also read and understood the Rules and Regulations of the College and agree to abide by them at all times.

Signed: **Date:**

(For official use only)

Admitted by: Sign: Date: Official Stamp: