Serial No.



APPLICATION FOR ADMISSION INTO BETHEL INSTITUTE PROGRAMMES

NOTES:

- (i) This form should be typed or completed in BLOCK LETTERS, and returned to: The Registrar (Academic), Bethel Institute, P.O. Box 2185, 20200 KERICHO. Tel: 0702 494 750 Email: info@bit.ac.ke, bethinstitute@gmail.com
- (ii) Attach Copies of (a) Your professional and academic certificates and transcripts (b) National Identity Card (copy)/Birth certificate.
- (iii) Attach **Two** one by one inch (1" x 1") photographs (Passport size).

SECTION A

1)	Name
	(Surname) (Other names in full)
2)	Contact Address
•	
3)	Permanent Address
	Telephone No:
	•
	Email
	Nearest Town:
4)	Dete of Direth, Dere
4)	Date of Birth: Day Month Year
5)	Nationality:
2)	1
6)	Identity Card No Passport No
,	
7)	Gender: Male Female Marital Status
8)	Do you have any form of physical disability? Yes No
	If so indicate the form of disability
	If so indicate the form of disubility the second seco

SECTION B

9) (a) Name of Professional/Higher Diploma/Diploma/Certificate applied

.....

Г

- (b) Mode of study (Tick as appropriate)
 - i. Full Time
 - ii. Part Time (Evening and Weekends)
- iii. Institution Based

1	ĺ
1	

- iv. Weekend/Holiday
- 10. Institutions attended and Qualifications obtained starting with the latest.

QUALIEICATIONS	SCHOOL/COLLEGE/UNIVERSITY ATTENDED	YEAR OF COMPLETION	GRADES OBTAINED/CLASSIFICATION
QUALIFICATIONS (i) Academic –high school Certificates	SCHOOL/COLLEGE/UNIVERSITY ATTENDED	COMPLETION	OBTAINED/CLASSIFICATION
(ii) Professional courses			

SECTION C

DECLARATION BY THE APPLICANT

I hereby declare that to the best of my knowledge that the information I have provided is correct.

Signature:....

Date:....

SECTION D

For Official Use Only: 11.

Recommendations

Approved	
Not Approved	
Deferred	

Deferred

Reasons for deferment:

	Incomplete Information Others:
Signatı	ıre:
Date:	

SECTION E

12.	Action to be taken		
		Admit	
		Reject	
		Follow-up action:	
	Officer's Name:		
	Signature:		
	Date:		
	Official Stamp		