

RAMOGI INSTITUTE OF ADVANCED TECHNOLOGY



P.O BOX 1738-40100

KISUMU KENYA

APPLICATION FOR ADMISSION FORM



APPLICANTS SHOULD WRITE REQUIRED INFORMATION IN THE SPACE PROVIDED

Date: _____ Intake Term January May September

1. Name: _____

2. Date of Birth: _____ ID NO _____ (attach photocopy)

3. Postal Address: _____

Tel/ Cell No: _____

Email Address: _____

4. KCPE/KCSE Mean Grade: _____ (Attach copy of certificate/Result Slip)

Grade in a) Maths _____ b) English _____ c) Physics/Physical Sci: _____

5. Course applied for: _____

6. Name of Parents/ Guardians/Sponsors: _____

Address: _____ Tel. No: _____

7. Who will pay your fees? Name _____

Address: _____ Tel. No: _____

8. Attach certified copies of: i) KCPE/KCSE Certificate/ Result Slip

ii) School Leaving Certificate

iii) National ID (both sides)

9. Once this form is completed send together with photocopies of relevant documents to:

THE REGISTRAR

RAMOGI INSTITUTE OF ADVANCED TECHNOLOGY

P.O BOX 1738

KISUMU-40100

For more information about us visit www.ramogiinstitute.ac.ke

Cell phones: 0792-970300/0734-257622/0734-251622