



For: Hospitality, Tourism, Language, Fashion & Computer Courses
P.O Box 2316 - 01000, Thika
Cell: 0720 663 860, 0732539762, 0735780901
Email: amboseliinstitute@gmail.com

ICM EXAMINATION REGISTRATION FORM

STUDENT NAME:-----

COURSE:-----

ADMISSION No:-----

LEVEL:-----

TELEPHONE:-----

DATE:-----

Kindly attach **COPIES** of the following documents:

- a) National identity card
- b) KCSE Certificate/Result slip
- c) Passport Sized Photo (1 copy)

I.....of admission number.....Declare that the information provided in this form and in the attached documents is accurate.

Student's signature **Date (DD/MM/YY)**

Accounts Office.....**Date**.....

Examination Office..... **Date**.....



Note: Retain a copy and submit the original form to the examination office.