



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

KNEC EXAMINATION REGISTRATION FORM

STUDENT NAME: _____

COURSE: _____

ADMISSION No: _____

LEVEL: _____

TELEPHONE: _____

DATE: _____

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

- a) National identity card
- b) Birth certificate
- c) KCSE Certificate/Result slip
- d) 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.