



0731 608 738 or 0797 888 313  
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 knowledgespringinstitute@gmail.com  
 P.O BOX 5664 ELDORET

**PLEASE WRITE IN CAPITAL LETTERS.**

**1. APPLICANT'S DETAILS**

<b>FULL NAMES:</b> <i>(as per secondary school certificates or its equivalent)</i>			
<b>TITLE:</b> MR [ ]	MRS [ ]	MS [ ]	<b>GENDER:</b> Male [ ] Female [ ]

<b>DATE OF BIRTH:</b>	<b>NATIONALITY:</b>	<b>NATIONAL ID/PASSPORT NO.</b>
<b>COUNTY:</b>	<b>SUB- COUNTY:</b>	<b>WARD:</b>
<b>*COUNTRY OF RESIDENCE:</b>		<b>*CITY OF RESIDENCE:</b>

**2. PERMANENT ADDRESS**

P.O.BOX:	EMAIL:
MOBILE PHONE:	TOWN:

**3. PARENT/GUARDIAN INFORMATION**

NAME OF THE FATHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ALIVE
NAME OF THE MOTHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ALIVE
NAME OF THE GUARDIAN:	PHONE NUMBER:	OCCUPATION:	

**4. EMERGENCY CONTACTS**

NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP
NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP

**5. EDUCATIONAL BACKGROUND:**

**a. Basic (Primary) Education**

NAME OF THE SCHOOL	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED	MEAN GRADE /TOTAL MARKS

**b. Secondary Education**

NAME OF THE SCHOOL	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED	MEAN GRADE

**6. DETAILS OF THE PROGRAMME APPLIED (tick appropriately)**

i.	<b>PROGRAMME LEVEL</b>	Diploma 6 [ ] (Level )	Certificate 5) [ ] (Level [ ]	Artisan (Level 4) ]
ii.	<b>PROGRAMME NAME</b>			
iii.	<b>MODE OF STUDY</b>	REGULAR [ ]		
iv.	<b>PREFERRED INTAKE</b>	January [ ]	May [ ]	September [ ]

**7. FINANCING OF STUDIES (Tick appropriately).**

<input type="checkbox"/> SELF	<input type="checkbox"/> PARENTS/GUARDIAN	<input type="checkbox"/> GOVERNMENT/HELB	<input type="checkbox"/> OTHER SPONSORSHIP
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**8. PREFERRED HOBBY (Indicate appropriately)**

PREFERRED SPORT	
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**9. STATE WHETHER YOU HAVE ANY SPECIAL NEEDS THAT REQUIRE SPECIAL ATTENTION**

<b>Please Tick</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, State the need: .....
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**10. INDICATE HOW YOU LEARNT ABOUT KNOWLEDGE SPRING TRAINING INSTITUTE**

Radio  Television  Newspapers  Friends  Career Exhibitions  Referrals (Indicate the name where applicable) .....

Others State .....

**11. ATTESTATION.**

I hereby certify that the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions, and that transcripts become the property of Knowledge Spring Training Institute and will neither be forwarded to another institution nor returned to me. I will include with this application my application fee receipt and other documents as required in the application instructions.

Signature: ..... Date: .....

*Sign your application form before returning it to Knowledge Spring Training Institute.*

**APPLICATION CHECKLIST**

- a) Non-refundable application fee (Kshs. 1,000 or US\$ 25 for foreign students), 500/= School ID and 1,000/= caution fee. Total 2500/=
- b) Duly filled and signed application form
- c) Copies of all academic certificates including Primary, Secondary school certificates, Diplomas & Certificate level transcripts and certificates.
- d) One (1) recent passport size photograph
- e) Copy of national I.D/Passport

**ADDITIONAL REQUIREMENTS FOR INTERNATIONAL STUDENTS**

1. An official translation of academic records (where language of study is not English)
2. A current financial guarantee letter
3. Meet the entry requirement of the country of origin for the programme applied for.
4. An equation letter from Kenya National Qualification Authority (KNQA)

**PAYMENT OF APPLICATION FEE**

**Application fee is payable**

**Knowledge Spring Training  
Institute Account Number:  
Kenya Commercial Bank, Eldoret  
Platinum Branch  
Payable at any Kenya  
Commercial Bank Branch**

**OR**

**Through M-Pesa Paybill Number 522 533 then Account Number 77 88 200**

**\* Money once paid is not refundable.**

**ONLY DULY FILLED APPLICATION FORM WILL BE PROCESSED. FOR  
OFFICIAL USE ONLY**

APPLICATION NO: ..... APPLICATION FEES RECEIPT NO. / CHEQUE NO.....

DATE: ..... NAME: ..... SIGNATURE .....

**Knowledge Spring Training Institute RESERVES THE RIGHT OF ADMISSION**  
More information may be obtained from the Office of the Manager/Principal, Knowledge Spring Training Institute