AFRICAN INSTITUTE
Of Research and Development Studies
(AIRADS)
CENTRAL   MANAGEMENT   CENTRE

AFRICAN INSTITUTE OF RESEARCH
AND DEVELOPMENT STUDIES
AIRADS
WHERE QUALITY IS NURTURED

APPLICATION FORM

READ THE INSTRUCTIONS BELOW BEFORE FILLING THE FORM

Complete all the sections in capital /block letters and return with non-refundable application fee of ksh.300 and other supporting documents to the AIRADS admission office to your preferred campus.

Email: info@airads.ac.ke/ marketing@airads.ac.ke

1. **APPLICANT`S DETAILS**

FULL NAMES (as per secondary school Certificates or its equivalent)	
GENDER	

DATE OF BIRTH		NATIONALITY		ID NO/BIRTH CERTIFICATE	
COUNTY		CONSTITUENCY		NEAREST TOWN	

2. **PERMANENT ADDRESS**

POSTAL ADDRESS		TOWN	
PHONE NO.			
EMAIL			
PARENT/GUARDIAN NO.		PHONE NO.	

3. **EDUCATIONAL BACKGROUND**

INSTITUTIONS ATTENDED	FROM(YR)	TO(YR)	CERTIFICATE AWARDED	GRADE

4. **EDUCATIONAL PLANS (tick as appropriate)**

PROGRAMME APPLIED FOR	Artisan[ ] Certificate [ ] Diploma[ ] Higher Diploma[ ]
COURSE NAME	

MODE OF STUDY	Full Time[ ] School Based[ ] Distance Learning [ ]
PREFERRED INTAKE	Jan[ ] May [ ] September [ ]

5. PREFERED CAMPUS (tick as appropriate)

ELDORET [ ] KERICHO [ ] NAKURU [ ] KISUMU [ ] BUNGOMA [ ] LODWAR [ ]
MOMBASA [ ]

6. FINANCING OF STUDIES (tick as appropriate)

Self [ ]   government [ ] parents/guardians[ ]   other sponsorship [ ]

7. PREFERED HOBBY

Preferred sport	

8. STATE WHETHER YOU HAVE ANY SPECIAL NEEDS THAT REQUIRE SPECIAL ATTENTION

Please Tick   Yes [ ]   N0[ ]
If yes, state the need……………………………………………………………………………….

9. INDICATE HOW YOU LEARNT ABOUT AIRADS COLLEGE

Radio [ ] Television [ ] Newspapers [ ] Friends [ ] Career Exhibitions [ ] Referrals (*Name where applicable*)………………………………………………………………………………
………………………..
Others
State…………………………………………………………………………………………

10. ADMISSION REQUIREMENTS

1. KCSE certificate/result slip on the day of registration for verification purposes.
2. Two colored passport size photographs.
3. Payment of fees-bank slip
   Copy of national ID/waiting card and Birth Certificate

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 AIRADS COLLEGE 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.

REGISTRATION
Students should be registered for classes prior to the beginning of any term to avoid irregularity of failure to attend 2/3 class attendance. As a new student, you will have time to meet with the Public Relations Officer and complete registration procedures during the admission.

FOR OFFICIAL USE ONLY BY DEAN OF SCHOOL

ONLY DULY FILLED APPLICATION FORM WILL BE PROCESSED.
FOR OFFICIAL USE ONLY
APPLICATION NO:……………………………… APPLICATION FEES RECEIPT
NO./CHEQUE NO……………………………………………
DATE:…………………………….…………………..
NAME:…………………….………………………… SIGNATURE ………………………….
Upon reporting at the campus you will be issued with a registration number.

We take this opportunity to congratulate you for joining this institute for world class training, and research studies.

Yours faithfully,

African Institution of Research and Development Studies RESERVES THE RIGHT OF ADMISSION
More information may be obtained from the Office of Registrar AIRADS College
www.airads.ac.ke