



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

GRADUATION APPLICATION FORM

PART A: GRADUAND BIODATA AND ACADEMICS

Name of the Graduand:.....

Admission Number:..... National ID Number

Phone Number :..... Campus :.....

Year of Admission :.....

Year of Completion:..... Series.....

Department:

Course Level: i.e HN Diploma,Diploma,Certificate or Artisan.....

Course Name:.....

County: Sub -County :..... Ward :.....

Parent /Guardian Full Names :.....

Relationship with Graduand:..... Phone Number :.....

PART B:EMPLOYMENT DETAILS

Employer`s Name/Self Employment Details:

Job Description:.....

County & Sub County:.....

Public/Private Corporation:.....

PART C: PAYMENT DETAILS

Date of Payment.....

Mode of Payment: i.e Mpesa/Bank.....

Receipt Number/MPESA Code:.....

Amount Paid:.....



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PART D: GRADUAND DECLARATION

I.....of
.Admission Number.....do confirm that the above details are correct to my
knowledge and will be held liable of any mischief.

Signature..... Date.....

PART E: FOR OFFICIAL USE

Campus.....

Principal Name:.....

Signature.....

Stamp



Approved:

.....Reason.....

Disapproved:.....Reason:.....

.....

Graduation Number:.....