



KENYA INSTITUTE OF MASS COMMUNICATION
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AFFIX RECENT
 PASSPORT
 PHOTO

APPLICATION FORM FOR ADMISSION TO KIMC SHORT COURSES

Guidance/Instructions

For further information on application process refer to: www.kimc.ac.ke.

1. The completed form should be submitted on line to: director@kimc.ac.ke
2. Please complete this form in BLOCK LETTERS.
3. Attach certified copies of National Identity Card and/or passport, certificates and transcripts and one recent passport size photograph.
4. All application will be acknowledged

Section 1: (To be completed by the applicant)

A. Personal Detail

Surname			First	Middle
Date of Birth: / /			<input type="radio"/> Female <input type="radio"/> Male	Religion:
Place of Birth:			Citizenship/Nationality:	<input type="radio"/> Married <input type="radio"/> Other
National ID No/ Passport No.			Residential County:	District:
Mailing Address/Contacts				
<u>P.O Box</u>	<u>Postal Code</u>	<u>Town</u>	Mobile No: 1:	Email Address:
			2:	

B. Next of Kin (Contacts in case of emergency)

1. First Next of Kin or Guardian

Name: Relationship:
 P.O Box: Postal Code: Town:
 Telephone No.: Email Address:

2. Second Next of Kin or Guardian

Name: Relationship:
 P.O Box: Postal Code: Town:
 Telephone No.: Email Address:

Section 2

A. Course Application Details

Course Applied for: -----

B. Work Experience (Describe work experience in media related field use ten (10) words)

C. How did you learn about KIMC (Please tick (v) where appropriate)?

- KIMC Website [] Newspaper [] Media [] KIMC Newsletter []
 Exhibition [] Parent [] Relatives [] Friends []
 KIMC Students [] KIMC Staff [] KIMC Alumni []

Other (Specify):

Section 3: Education Background

Name	Period Attended		Course/Education	Grade/Award
	Level Attained e.g. Cert. Dip, Degree			
School/College	From	To		
Secondary/High School:				
College/University:				

Indicate the career you wish to pursue: Director [] Editor [] Camera []

TV/Film Producer [] Other(s) specify: -----

Section 4: Application's Declaration

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Signature: Date:

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Certified and processed: Admitted Not Admitted

Reason(s) for not admitting: -----

Name of officer registering student: Sign: Date: