

RECEIPT NO:

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**JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY**  
**MOMBASA CBD CAMPUS**

**PROFESSIONAL COURSES APPLICATION FORM**

**PART A**

**Attach the following:** (a) passport photo (b) copy of national ID (c) K.C.S.E certificate (d) application and student ID fee bank slip (**Ksh 1,500**) **KCB AC 1107586933** and any other relevant documents.

- 1. Name .....2. Gender .....
- 3. Date of Birth .....4. Nationality.....
- 5. ID/Passport/Birth Certificate Number .....
- 6. Postal Address.....
- 7. E-mail Address.....8. Mobile Number.....
- 9. KCSE/O levels grade .....

**PART B**

Indicate the professional course applied for from the below group

- 1. Certified Procurement and Supply Professional of Kenya - CPSP-K (KISM)
- 2. Associate in Procurement and Supply of Kenya - APS-K (KISM)
- 3. Chartered Institute of Procurement and Supply – (CIPS-UK) (Certificate in Procurement and Supply Operations, Advanced Certificate in Procurement and Supply Operations, Diploma in Procurement and Supply, Advanced Diploma in Procurement and Supply and Professional Diploma in Procurement and Supply)
- 4. Certified Public Accountants – CPA (KASNEB)
- 5. Certified Secretaries – CS (KASNEB)
- 6. Certified Information Communication Technologists –CICT (KASNEB)
- 7. Certified Credit Professional – CCP (KASNEB)
- 8. Certified Investment and Financial Analysts CIFA (KASNEB)
- 9. Accounting Technicians Diploma –ATD (KASNEB)
- 10. Diploma in Credit Management –DCM (KASNEB)
- 11. Diploma in Information Communication Technology (DICT) (KASNEB)
- 12. Certificate in Accounting and Management Skills - CAMS (KASNEB)

13. Institute of Chartered Shipbrokers –ICS (Certificate in Shipping Management, Foundation Diploma in Shipping Management, Advance Diploma in Shipping Management and Professional Qualifying Examination)

Professional course applied for

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Intake Date.....Mode of Study (a) Day ( ) (b) Evening ( ) (c) Weekends ( )

**DECLARATION**

I certify that the information/statements made by me on this form are true, to the best of my knowledge, correct and complete.

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

All correspondence should be addressed to:

The Director,  
JKUAT MOMBASA CAMPUS,  
P.O. Box 81310-80100  
**Mombasa – Kenya**

**PART C**

**For Official Use Only**

Application: *Approved* ( ) *Rejected* ( ) Intake: *Month* .....

Registration No.....

Mode of study: (a) Day ( ) (b) Evening ( ) (c) Weekends ( )

Remarks, if any: .....

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Date of commencement: .....

Signed..... Date.....