NAIROBI INSTITUTE OPEN SCHOOL

Kimbere Building Col Middleton Street Opposite Golden Rose Hotel Nifer Kimahama Tel: +255 (0) 27 2500616 AKLISHA



Col. Middleton Street, P.O.Box 13694 Mobile: +255 734-301168 CIR: +255 658 301168 E-mail: naroblinstituteoffaurlilyahoo.com Website: www.naroblinstitute.4t.com

Kimbele Building.

REGISTRATION FORM

1. PERSONAL DETAIL

Full Name				Address:					
Telephone No:				Date of Birth:					
	Citizenship:				Company/Organization:				
Marital St	atus:			Course Applied for:					
2. EDU	CATION BA	CKGROUN	D						
School		Place			From -	- To			
College/U	LA SANGER CARACTER STATE OF THE SECOND								
High - Lev	el								
O - Level							L		
Any Other	chool Name (Specify)								
3. DEC	LARATION	BY STUDE	NT						
	ONSOR'S DE			Date of commence			no about		
Information gi to pay tuition	ven by the ap	oplicant man	agement is r	ight to the best of n	ny knowledge	e. I will be	responsible		
Relationship Tel No			Noo	Signature		Date			
5. FOI	ROFFICIAL	USE ONLY							
Date Inqui				Date of Commence	ment				
Course Applied				Course Admitted					
Admission Number				Applicant					
Officers Na	ime			Signature					
6. AD	MISSION PR	ROCEDURE	S						
egistration orm	10,000/=	Hostel	360,000/=	Passport Size	4	ID Card	10,000/=		
niform	50.000/=	T - Shirt	15.000/=	Examination	80.000/=	The second secon	10.000/=		

Registration Form	10,000/=	Hostel	360,000/=	Passport Size	4	ID Card	10,000/=
Uniform	50,000/=	T - Shirt	15,000/=	Examination	80,000/=	Final Exam	10,000/=

ACCOUNT NUMBER:

US DOLAR: 02J1033702900

TSHS: 01J033702900 CRDB BANK