



Eldoret City Training Institute (ECTI)

Safina Plaza, 4th Floor, Ronald Ngala Street, Eldoret

www.ecticollege.com, email: info@ecticollege.com

0721542200/0726415996

ADMISSION FORM FOR DIPLOMA, CERTIFICATE AND SHORT COURSES

SECTION A:

Applicant's Personal Information

(Please fill in your official name and details)

NAME: _____
Surname Other names

Attach passport
size photo

GENDER: ☐ Male ☐ Female

ID /PASSPORT. No.: _____ HOME COUNTY: _____

HOME COUNTY: _____ NATIONALITY: _____ DATE OF BIRTH _____
(dd/mm/yy)

PHONE NO.: _____ POSTAL ADDRESS: _____

EMAIL: _____

ARE YOU LIVING WITH DISABILITY? ☐ Yes ☐ No

NATURE OF DISABILITY (if any):
.....

SECTION B

COURSE DETAILS

(Please provide details of course and tick (✓) boxes as appropriate).

Programme Applied for:- ☐ Diploma ☐ Certificate ☐ Short course

Programme: _____
(e.g. Foreign Language (German/French/Chinese, Film Production, IT)

Preferred Intake: ☐ January ☐ March ☐ May ☐ September ☐ Main Campus



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SECTION C

FINANCES

Indicate how you intend to finance your studies: ☐ Scholarship ☐ Personal funding
☐ Others. Give details of financing above

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SECTION D

ACADEMIC, PROFESSIONAL & EMPLOYMENT HISTORY

Please attach copies of ID, Birth Certificate, KCSE Result Slip or Certificate, other Certificates and if applicable, testimonials e.g nurse/electrician.

SECTION E

APPLICANT'S DECLARATION

I hereby declare that the information I have given in this form is correct.

(Applicant)

Date



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SECTION F

For official Use only

To be filled by officer of CIFMEC.

Recommendation by Head of Department:

Candidate’s Application Accepted ☐

Candidate’s Application Rejected

Comments by H.o.D:

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Signature: _____ Date: _____