



KIAMBU INSTITUTE OF HOTELS AND CATERING
P.O BOX 23074 - 00604 LOWER KABETE
CELL PHONE: 0721356794 OR 0722806946
EMAIL: INFO@KIHC.CO.KE
WEBSITE: WWW.KIHC.CO.KE

COLLEGE APPLICATION FORM

1. PARENTS / GUARDIAN DETAILS

FULL NAMES					
ADM NO					
GENDER	MALE		FEMALE		DATE OF BIRTH / /
RELIGION					
COURSE NAME					

MARITAL STATUS		COUNTY	
MOBILE NO		ID NO	
LEVEL OF EDUCATION			

2. PARENTS / GUARDIAN DETAILS

FULL NAME	
MOBILE NO	



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3. ATTACHMENTS

Please ensure that you have attached certified copies of the following:

- Copies of academic certificates
- Photocopy of ID card
- Three passport size photographs
- Birth certificate

4. MEDICAL HISTORY

Indicate any medical ailment / allergies etc
Also attach a copy of medical certificate

5. DECLARATION

I agree to abide by College rules and regulations [see prospectus or the college office].
I certify that the foregoing information is true and complete to the best of my
knowledge and fully realize that Omissions or falsification of information will be
considered sufficient rejection of this application.

Applicant signature.....Date.....

Completed form should be returned to Kiambu Institute of Hotels and Catering with
Kshs 1,000 registration fee paid to Equity bank ACC NO 0570297056534 or K-Unity
bank ACC NO 4913 or DIMKES SACCO ACC NO 305600128401