



East African Institute of Homecare Management

“Hospitality at its best”

ADMISSION FORM

Full names.....Tel No

Address.....

Citizenship.....Passport/ID No.....

Education level.....Grades.....

Date of birth.....Place of birth.....

Home District.....Location.....

Status.....Religion.....

Couse Applied for.....

Total fee to be paid Ksh.....

[In case of emergency please give out two contact persons details]

1. Full names.....

Address.....Tel No.....

Email address.....

Relationship.....Passport/ID No.....

2. Full names

AddressTel No

Email address

RelationshipPassport/ID NO.....

Any special needs. Tick where appropriate.

YES

NO

If yes please explain

Trainee signature.....

FOR OFFICE USE ONLY

Course admitted

Admission Number.....

Date of admissionDate of completion.....

Total fees to be paid