


**KENYA INSTITUTE OF MASS COMMUNICATION**

P.O. Box 42422 - 00100 NAIROBI | Uhohu Road, Nairobi South B, off Mombasa Road  
 Cell: 0708 262 895 Tel: +254 020 6997000 | Email: info@kimc.ac.ke | Website: www.kimc.ac.ke

AFFIX RECENT  
COLOURED  
PASSPORT PHOTO

**ADMISSION FORM**

(Please complete all sections in block letters)

ADM No.:

**Part I: Name of Applicant**

Surname			First	Middle
Date of Birth:      /      /			Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Religion:
Place of Birth:			Citizenship:	Marital Status: Single: <input type="checkbox"/> Married: <input type="checkbox"/>
National ID No/ Passport No.			Residential County:	District:
Mailing Address/Contacts				Code:
<u>P.O Box</u>	<u>Postal Code</u>	<u>Town</u>	Mobile No: 1: .....	Email Address:
			2: .....	

**Part II: Contacts in Case of Emergency**

## 1. First Next of Kin or Guardian

Name: ..... Relationship: .....

P.O Box: ..... Postal Code: ..... Town: .....

Telephone No.: ..... Email Address: .....

## 2. Second Next of Kin or Guardian

Name: ..... Relationship: .....

P.O Box: ..... Postal Code: ..... Town: .....

Telephone No.: ..... Email Address: .....

**Part III: Name of Course Admitted For:**

<i>PGD/Diploma/Certificate in:</i>	Name of Course	Admission/Registration No.

**Part IV: Name of Person Paying Fees (Tick where appropriate)**

Parent:  Guardian:  Self:  Sponsor:  Employer:

**Part V: Education Background (Please list last secondary school and colleges attended)**

Name OF School/College	Period Attended		Level Attained (Cert. Dip, Degree)	Grade Award
	From	To		
Secondary/High School Name: ..... KCPE Index No.: .....				
Primary School Name: ..... KCPE Index No.: .....				
College/University: .....				

**Part VI: How did you learn about KIMC (Please tick (v) where appropriate)?**

KIMC Website [ ] Newspaper [ ] Media [ ] KIMC Newsletter [ ]  
 Exhibition [ ] Parent [ ] Relatives [ ] Friends [ ]  
 KIMC Students [ ] KIMC Staff [ ] KIMC Alumni [ ]

Other (Specify): .....

**Part VII: Please indicate the sport(s) and club(s) of choice (Tick (v) in the box where appropriate)**

Sports				Clubs			
Soccer		Rugby		Christian union		Scout club	
Basketball		Volleyball		Catholic association		Engineering	
Hockey		Athletics		First aid		Film	
Netball		Tennis		Drama		CHAKITAMA	
Badminton		Swimming		SDA		Y'S (Wise) Youth	
Darts		Pool		Rotaract		Entertainment & Social	
Scramble				Environmental		Current affairs	
				Muslim association		Karate	
				Seventh Day Adventist		Innovators	
				Theatrical		Art	
				French		Sign language	

Please indicate the sport you played in high school: ..... Highest Level .....

**Part VIII: Attachments.**

Please bring originals and copies of the following documents when reporting:

1. Original and certified clean copies of KCSE Result Slip or Certificate.
2. KCPE Result Slip or Certificate.
3. At least five (5) re-usable face masks for prevention of Covid 19 Pandemic as per the Ministry of Health Guidelines.
4. Original and certified clean copies of School Leaving Certificate.
5. Original and clear **colored** copy National ID (**both side**) and/or Birth Certificate.
6. Two passport size photographs.
7. KIMC ADM Form 2- 5 (Fully filled and signed by the relevant person).

**A. Declaration**

I ..... ID No. .... declare that I accept the offer and agree to abide by the rules and regulations governing the conduct and discipline of students of the Kenya Institute of Mass communication. I hereby undertake to complete the programme for which I have been admitted unless the Institute discontinues me. I understand that changing the programme will be permitted only by the approval of the Academic Board.

I hereby certify that the information given in this admission form is correct and complete to the best of my knowledge, and hereby give my permission to the Admission Office to obtain any verification deemed necessary. I include with this form the official payment/bank deposit slip for fees and copies of other documents as stated in the admission letter.

.....  
 Student Signature Date

Witnessed By:

.....  
 Name of Parent/Guardian Signature Date

---

**FOR OFFICIAL USE**

Certified and processed:

.....  
 Name of Registering Officer Signature Date

Verified By:

.....  
 Registrar (Academic Affairs) Date