



ONLINE COLLEGE

(Of Business Studies & ICT)

OFFICE OF THE REGISTRAR (ACADEMIC)

APPLICATION FOR ADMISSION INTO OCBSICT DIPLOMA PROGRAMMES

NOTES:

(i) This form should be typed or completed in **BLOCK LETTERS**, and returned to:
The Principal, Online College of Business Studies & ICT, P.O. Box 17530, 20100 GPO, NAKURU. Email address admissions@onlinecollegebsict.com

(ii) Attach Copies of

- (a) Your current appointment letter (where applicable), (b) Your professional and academic certificates and transcripts,
- (c) National Identity Card (copy). (d) Original receipt of payment for application fee.

(iii) Applicants from East Africa to pay a sum of Kshs. 1,000/- and those from outside East Africa pay USD 50 as non-refundable application fee through the Bank Account provided below.

Bank Name	Bank Code	Account Name	Branch	Ac. No.	Swift Code
Equity Bank of Kenya		Online College Fees Collection account	Nakuru Branch P O Box	1460262044570	EQBLKENA

(iv) Attach **four** one inch by one inch (1" x 1") photographs.

SECTION A

1) Name.....

(Surname)

(Other names in full)

2) Contact Address.....

3) Permanent Address.....

Telephone No: Mobile No:

Email

Nearest Town:

4) **Date of Birth:** Day..... Month..... Year.....

5) **Nationality:**

6) Identity Card No..... Passport No.....

7) Gender: **Male** **Female** **Marital Status**

8) Do you have any form of physical disability? Yes No

If so indicate the form of disability.....

Page 2 of 4

SECTION B

FORM : OCBSICT-DP-01

9) (a) Name of the Diploma Course applied

(b) **Mode of study** (Tick as appropriate)

i. **Full Time**

ii **Evening and Weekends/ Part Time**

iii. **Institution - Based**

iv. **Open Learning (ODEL)** (To be ticked by IOL applicants only)

10. Institutions attended and Qualifications obtained starting with the latest.

QUALIFICATIONS	SCHOOL/COLLEGE/UNIVERSITY ATTENDED	YEAR OF COMPLETION	GRADES OBTAINED/CLASSIFICATION
(i) Academic –School certificates			
(ii) Professional courses			

11. **Work/Research experience** (where applicable)

OCCUPATION	EMPLOYER	WORK STATION	DURATION

SECTION C

12. **All applicants**

(i) Area of Study -----

(ii) Department -----

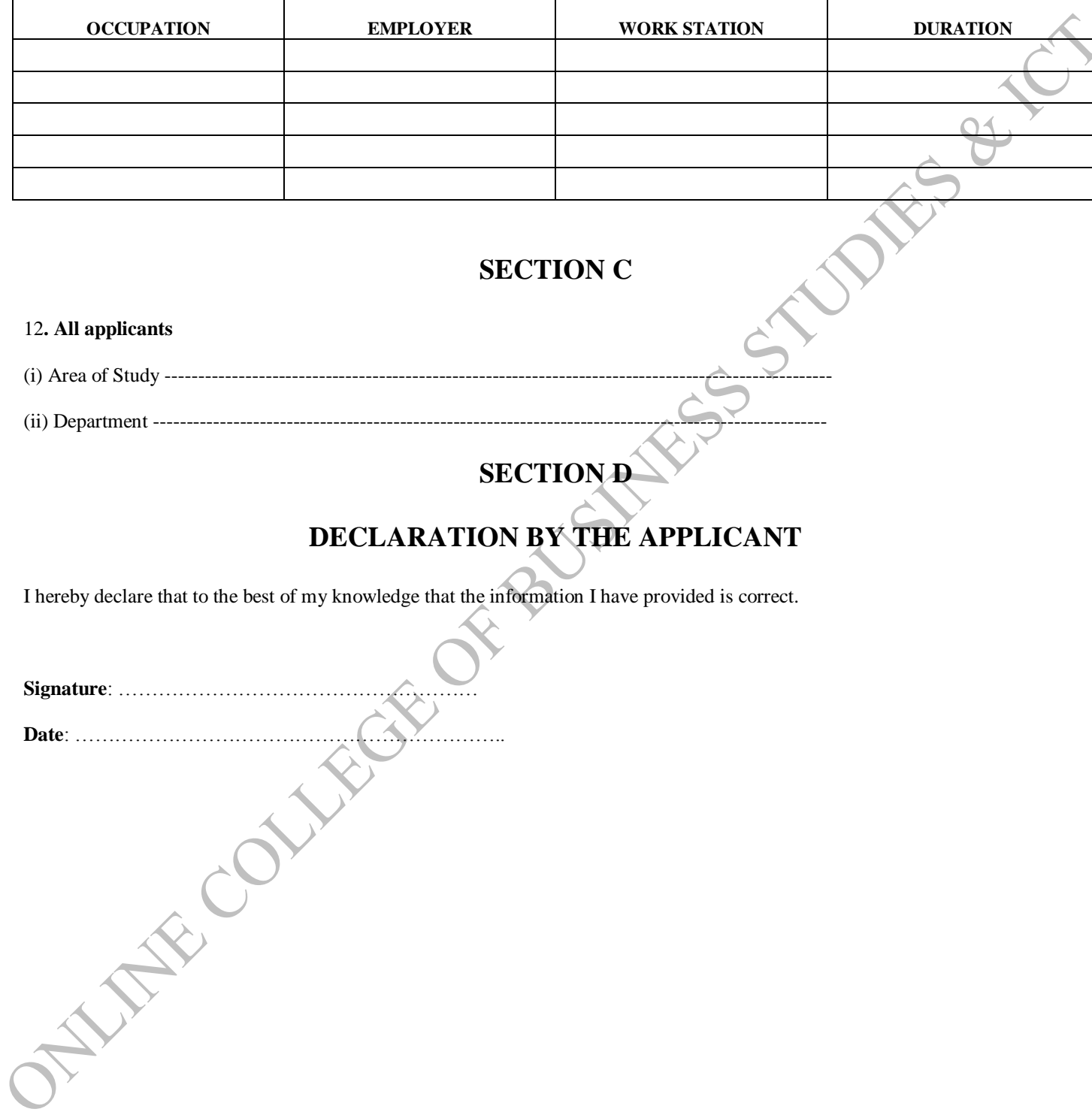
SECTION D

DECLARATION BY THE APPLICANT

I hereby declare that to the best of my knowledge that the information I have provided is correct.

Signature:

Date:



SECTION E

16. For Official Use Only:

Recommendations

Approved

Not Approved

Deferred

Reasons for deferment:

Incomplete Information

Others:

.....

Signature:

Date:

SECTION F

17. Action to be taken

Admit

Reject

Follow-up action:

.....

Officer's Name:

Signature:

Date:

Official Stamp: