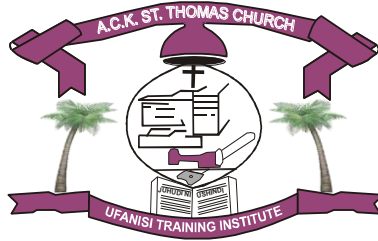


WELCOME TO ACK. ST.THOMAS UFANISI TRAINING INSTITUTE

P.O BOX 48 KILIFI

TEL NO: 041 – 7522226



TAILORING AND DRESSMAKING COURSE ADMISSION FORM

1. Applicants name and surname
2. Correct date of birth
3. Correct name of parent / guardian
4. Residential postal address Tel No.
5. Occupation of parent / guardian
6. Address Tel No
7. National ID card number of parent / guardian
8. Marital status of applicant
9. Religion
10. Do you suffer from any recurring physical illness?
11. If yes, what is the nature of the illness?
.....
12. Location Sub-location
13. Name of chief
Sub-chief

I HEREBY CERTIFY that the above information is true:

Signature of applicant

Date