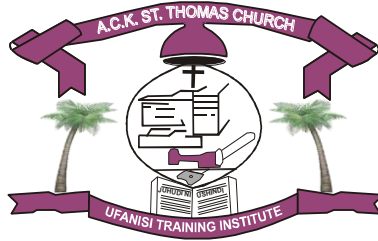


**WELCOME TO ACK. ST.THOMAS UFANISI TRAINING INSTITUTE**

**P.O BOX 48 KILIFI**

**TEL NO: 041 – 7522226**



**EMBROIDERY 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 .....