



KENYA INSTITUTE OF SECURITY AND CRIMINAL JUSTICE

APPLICATION FORM

Surname _____ First Name _____ Other _____

Gender _____ Year of Birth _____ ID/Passport No. _____

Address: _____

Cell Phone _____ Landline/Wireless _____

E-mail Address _____ Occupation: _____

Employer _____

Next of Kin _____ Address _____

Cell phone _____ Landline/Wireless _____

Course Applied For: _____

Academic Qualifications (Highest)

Professional Qualifications

I do hereby confirm that the information provided above is correct to the best of my knowledge.

Sign _____ Date _____

NB: The Institute does not accept cash or personal cheques .

All payments are to be made directly to Kenya Institute of Studies in Criminal Justice through our **Diamond trust Bank, Moi avenue branch , Account No:020-540-1101**