



# DIPLOMA IN BUSINESS SCIENCE PROGRAMMES APPLICATION FORM

*Affix one of your current passport size photographs here on each form.*

ACADEMIC YEAR: \_\_\_\_\_

## INSTRUCTIONS TO APPLICANTS

- a) All applicants must send either via DHL or any other appropriate form of postage two (2) signed copies of this application form together with the following items:
  - i. Certified copy of highest certificate and transcript;
  - ii. Copy of evidence of payment of application processing fees of Ksh.1, 500 or USD.20
- b) All payments related to this application should be made at the following account details: Bank Name: STANDARD CHARTERED BANK KENYA LIMITED; Branch Name: RUARAKA Bank Account Name: K. S. M. S.- COLLECTION ACCOUNT; Bank Account Number: 0102001233100 and S.W.I.F.T. / Routing Code: SCBLKENXXX.
- c) Applicants may also scan all the above documents including the signed application form and email the same to [Registrar@ksms.or.ke](mailto:Registrar@ksms.or.ke)
- d) Application should be addressed to **The Executive Director, KSMS, P.O. Box 65041 - 00618, NAIROBI KENYA**

## SECTION A – TO BE COMPLETED BY THE APPLICANT

1. Select from the list below the programme applied for

Programme	Preference (Tick)
Diploma in Business Science (Islamic Financial Services)	
Diploma in Business Science (Banking and Financial Services)	
Diploma in Business Science (Business Information Technology)	
Diploma in Business Science (Microfinance)	
Diploma in Business Science (Organizational Development)	
Diploma in Business Science (Finance)	

2. Name: \_\_\_\_\_  
(Surname) (Other Names in full)
3. Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
National I.D./Passport No.: \_\_\_\_\_
4. Current Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
5. Country \_\_\_\_\_
6. Permanent Postal Address (if different from the current postal address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Name of Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_
8. In case of emergency contact: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
9. Academic Qualifications (Copies of university transcripts and certificate to accompany application).

Date	Institution	Qualification

10. Professional Qualification (Attach evidence).

Date	Institution	Qualification

**11. Work History (START WITH PRESENT EMPLOYER)**

Date	Employer	Main Responsibility

**12. Give names and addresses of two referees**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

**13. Financial Declaration:**

I, \_\_\_\_\_ (Name) will cover the cost of my studies and/or my living expenses at the School with:

i) Self financial resources (Yes/No)

ii) Sponsorship by (Name) \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

14. I plan to reside on campus/off-campus (Delete as appropriate noting that preference will be given to Non-Kenyans)
15. Declaration – I hereby declare that the information given in this form is correct.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION B: FOR OFFICIAL USE ONLY

16. Semester/Year \_\_\_\_\_ 17. Application Number \_\_\_\_\_
- Application Fee Receipt Number \_\_\_\_\_

18. i) Date application received \_\_\_\_\_

ii) Recommendation: Accept \_\_\_\_\_ Reject \_\_\_\_\_

iii) If accepted, Admission Number: \_\_\_\_\_

Signed by Head,  
Academic Division: \_\_\_\_\_

Date: \_\_\_\_\_