



P.O. BOX 283-40400 SUNA, MIGORI, Kenya

+254 790 343 730

mountainbinstitute@gmail.com

APPLICATION FORM

No: MBI/MC/H/____ / ____

A: APPLICANT'S DETAILS

Date __ / __ / 20 __

Surname : _____ Other Names : _____

Kenyan I.D. / Passport No: _____

Address: _____

Phone Number: 1. _____ 2. _____

E-mail: _____

Gender: [] Female [] Male Date of Birth __ / __ / ____

Nationality: _____ County and Sub-County: _____

B. NEXT OF KIN

Name: _____

Address: _____

Telephone: _____ E-Mail _____

C. EDUCATION DETAILS: schools / colleges attended, years and qualifications

S/No	Primary, Secondary schools/College	Year	Marks / Points & Grade
1.			
2.			
3.			
4.			
5.			

D. Course applied for

Course Title: _____

E. Institute Fee: Total Amount Paid: Kshs _____

I, _____ declare that
information given in this form is correct.

Signature _____ Date __ / __ / 20__

OFFICIAL USE ONLY

Date application is received: / / 20.....

Checklist of copies of required Documents

Document	X or ✓	Comment
KCSE Certificate		
KCPE Certificate		
College Certificate		
Birth Certificate		
Passport size Photo		
ID Card		
Others		

Remarks

**MOUNTAIN BIBLE
INSTITUTE**

Recommendations

Signature _____ Date _____ STAMP

Status

Letter of offer of admission:

	Tick as appropriate	Date & Initials
Collected / issued		
Emailed		

Institute Fee

Total Received Kshs _____

Total Balance Kshs _____

Total Kshs _____

