## KHAMEEN PROFESSIONAL INSTITUTE



D	4	•	4
Pass	nort	nic	ture
I abb	POIL	pic	uuic

1. PERSONAL TITLE (e.g. Miss.)		
TITLE (e.g. Miss.)		
11122 (5.8.1.11331)	SURNAME	FIRST NAME
DDDEGG T		A R R H C A THOUGH DAY COAD HE CTUON I WHITH THAT
		MUNICATIONS IN CONNECTION WITH THIS
APPLICATION	ON SHOULD BE SENT	Γ:
		NATIONAL ID NUMBER
0. T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T		
IE VOIT A DI	E AN INTEDNATION	NAL STUDENT, REQUEST FOR A
	NTARY FORM	ALSIUDENI, REQUESI FOR A
SUPPLEME	NIARY FORM	
D. MOBILE NU	MBER	
E. GENDER: M	ALE FE	MALE
F. MARITAL S'	TATUS	
G. E-MAIL ADI	ORESS	
H. GUARDIAN	'S NAME	CONTACT
2. LIST THE LAST	THREE EDUCATIO	NAL INSTITUTIONS ATTENDED (Your last school
		ONAL INSTITUTIONS ATTENDED (Your last school
should be listed first)		`
		ONAL INSTITUTIONS ATTENDED (Your last school  YEAR (from – to)
should be listed first)		· ·
should be listed first)		· ·
should be listed first)		·
should be listed first)		· ·
should be listed first)		·
should be listed first)		·
should be listed first)		·
should be listed first)		· · · · · · · · · · · · · · · · · · ·

This form is valid within 3 months of purchase

Terms and conditions apply. www.khameen.com for more information

## 3. PROGRAMME CHOICE

(Please tick the programme of your choice)

NO.	PROGRAMME	ENTRY REQUIREMENT	DURATION	TICK APPROPRIATELY	
1	Certificate	JHS/SHS	6months - 1	6 months	1 year
			year	Certificate	Certificate
2	Diploma	JHS/SHS	1 year		

## 5. DECLARATION BY APPLICANT

I declare the statements made on this application are tr jeopardize my application and may lead to an admission	
Signature of Applicant	Date
••••••	
FOR OFFICIAL USE ONLY	
ENROLLMENT NUMBER	
APPLICATION RECEIVED BY	
DATE.	
RECEIVED BY ACCOUNTANT	
DATE.	
ACCEPTED FOR	DATE
SIGNATURE	
HEAD OF INSTITUTE	