



P.O Box 42890 – 00100
 G.P.O Nairobi
 TEL: +254 748 186 625
 www.gimreds.ac.ke. info@gimreds.ac.ke

APPLICATION FORM SEPTEMBER/NOVEMBER-2024 INTAKE

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM. COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN WITH YOUR NON-REFUNDABLE APPLICATION FEE WITH OTHER SUPPORTING DOCUMENTS TO THE ADMISSIONS OFFICE EITHER PHYSICALLY OR VIA THE EMAIL PROVIDED BELOW.

A copy of this application form should be sent to admission@gimreds.ac.ke with a non-refundable fee of Kshs. 2,500 (See payment details on the last page. **No Cash payments**)

* You will then be sent an admission letter with schedules of the classes and the program from the office * Application Deadline: End of September 2024)

1. APPLICANT'S DETAILS

FULL NAMES <i>(as per secondary school certificates or its equivalent)</i>				
TITLE	MR[]	MRS[]	MS[]	GENDER Male [] Female []

DATE OF BIRTH		NATIONALITY		NATIONAL ID/PASSPORT NO.	
COUNTY		SUB- COUNTY		LOCATION	
*COUNTRY OF RESIDENCE					

2. PERMANENT ADDRESS

P.O.BOX		EMAIL	
MOBILE PHONE		*CITY/TOWN	

3. PARENT/GUARDIAN INFORMATION

NAME OF THE FATHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ALIVE
NAME OF THE MOTHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ALIVE
NAME OF THE GUARDIAN:	PHONE NUMBER:	OCCUPATION:	

4. EMERGENCY CONTACTS

NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP
NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP

5. EDUCATIONAL BACKGROUND:

a. Secondary Education

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED	MEAN GRADE

b. Post-Secondary Education

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE/DEGREE AWARDED	CLASSIFICATION

6. **PROGRAM YOU ARE APPLYING FOR** (You can register for any program with the German Language) *(fill in appropriately)*

7. **CAMPUS WHERE STUDY WILL BE UNDERTAKEN** (For Online, Choose Examination Centre, The Administration shall always advise on the preferred examination centers).

Main Campus Kisumu []	Nairobi CBD CAMPUS []	Ngong CAMPUS []
GIMREDS Technical College Kisumu-Kakamega Rd, admission@gimreds.ac.ke , +254 748 186 625		
* NOTE: Examination shall be conducted in different Centers or at the Main Campus as shall be advised.		

8. FINANCING OF STUDIES AND/OR IMMIGRATION PROGRAM

Please Tick SELF []	PARENTS/GUARDIAN []	GOVERNMENT/HELB []	OTHER SPONSORSHIP []
			Name of Sponsor.....

9. HOBBY

PREFERRED SPORT	
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10. DO YOU HAVE ANY FORM OF DISABILITY? Tick Appropriately Physical disability [] Visual impairment [] Hearing Impairment [] Mental health conditions (e.g. Bipolar) [] Autism Spectrum Disorder [] Dwarfism [] Other [] Specify

b) IS THERE ANY OTHER CONDITION YOU NEED TO BRING TO THE ATTENTION OF THE INSTITUTION THAT MAY REQUIRE SPECIAL ATTENTION? Please Provide Details;

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11. **INDICATE HOW YOU LEARNT ABOUT GIMREDS TECHNICAL COLLEGE** Radio [] Television [] Newspapers [] Friends/referral [] Exhibitions [] Teachers [] Prospectus [] Website [] Social media [] Bill Board [] If by a friend indicate the name and contactNAME.....

12. DECLARATION

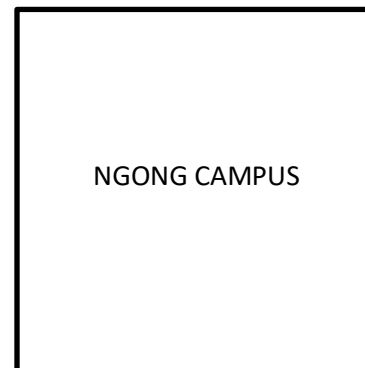
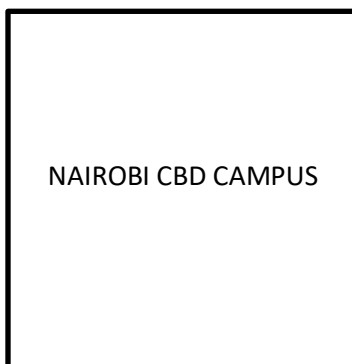
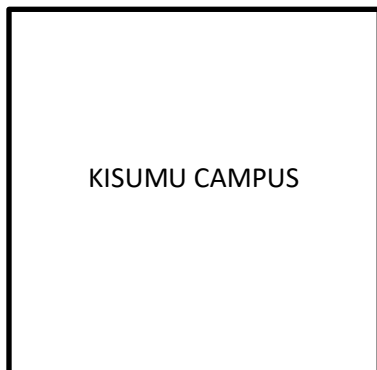
I consent that information on my conduct, fees status and academic progress may be made available to my parent/guardian/sponsor as appropriate.

I hereby certify that the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official certificate/s and/or transcripts as requested in the instructions, and that transcripts become the property of the Institution and will neither be forwarded to another institution nor returned to me. I will include with this application my application fee receipt and other documents as required in the application instructions. I also recognize that fees paid towards the program and training to the institution as instructed shall not be refunded. I confirm that I have read the refund policy, rules and regulations of the institution and I consciously accept to them. This program is for academic purposes only. Though the institution support with the Job linkage and attachments, this remains a reserve of the institution and that the institution does this at will and as an extra service to the clients. The institution does not hold any liability to the student after the training. NOTE: The College has the sole authority to change terms of agreement without prior consultations.

Signature: Date:

13. APPLICATION CHECKLIST

- a. Non-refundable application fee receipt Kshs. 2,500. Through **PAYBILL No. 4136019**(*No cash payment**)
- b. Duly filled and signed application form
- c. Copies of all academic certificates including secondary school certificates, Bachelors, Diplomas & Certificate level transcripts and certificates.
- d. Copy of national I.D/Passport.
- e. Passport size photo; 2 x 2 inches (51 x 51 mm) Scanned at a resolution of 300 pixels per inch (12 pixels per millimeter).



ACCEPTANCE

YOU ACKNOWLEDGE AND AGREE: (i) THAT YOU HAVE FULLY READ, UNDERSTOOD, AND ARE VOLUNTARILY ENTERING INTO THIS AGREEMENT; AND (ii) THAT, YOU HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS AND CONSULT BEFORE SIGNING THIS AGREEMENT. YOU FULLY COMMIT TO SUPPORT, ADHERE TO, AND SUBMIT TO THE GUIDANCE OF THE ADMINISTRATION AT ALL TIMES.

Name.....Signature..... Date.....

ONLY DULY FILLED APPLICATION FORMS WILL BE PROCESSED.

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