



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

# DIPLOMA IN BUSINESS SCIENCE PROGRAMME APPLICATION FORM

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

## INSTRUCTIONS TO APPLICANTS

- a) All applicants must send either via DHL or any other form of preferred 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 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.
- 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 (Organisational 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. Work History (START WITH PRESENT EMPLOYER)**

Date	Employer	Main Responsibility

**11.** Mode of Study: Full day/evening/weekend *or* Part-time (tick one)

**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: \_\_\_\_\_