



ADM NO. _____

1. PERSONAL DETAILS

A. NAME _____
(First Name) (Middle Name) (Surname)

B. GENDER
MALE FEMALE

C. ID NO/PASSPORT NO. _____ KASNEB REG. NO. _____

D. POSTAL ADDRESS: _____

CELLPHONE NO. _____

EMAIL ADDRESS _____

E. CONTACT PERSON (In case of emergency)
NAME: _____ CELLPHONE NO. _____

F. FACE BOOK ACCOUNT NAME _____

2. COURSE DETAILS (Tick where applicable)

A. ACCOUNTING TECHNICIAN DIPLOMA
LEVEL 1 LEVEL 2 LEVEL 3 CAMS

B. CERTIFIED PUBLIC ACCOUNTANT (Tick on the empty box)

| | | | | | |
|------------------|--------------------------|--------------------|--------------------------|---------------|--------------------------|
| FOUNDATION LEVEL | <input type="checkbox"/> | INTERMEDIATE LEVEL | <input type="checkbox"/> | ADVANCE LEVEL | <input type="checkbox"/> |
|------------------|--------------------------|--------------------|--------------------------|---------------|--------------------------|

C. FULL TIME (DAY) PART-TIME (EVENING)

D. SINGLE SUBJECT _____

E. MANAGEMENT COURSE _____

F. ICT COURSE _____

G. HOW DID YOU LEARN ABOUT STAR INSTITUTE OF PROFESSIONALS? PARENT
 SPONSOR GUARDIAN STUDENT FRIEND CAREER TALKS

OTHERS _____

STUDENT'S SIGNATURE

DATE

