

KITARA INSTITUTE OF COMMERCE, MEDIA, VOCATIONAL AND SOCIAL DEVELOPMENTSTUDIES

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Contacts

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Find us;

Kibingo Cell,
Hoima West Division
Hoima City
kitarainstitute1999@yahoo.com

STUDENTS' DATA FORM

Surnameother names.....

Place of birth.....Date of birthAge.....

Gender Male Female

Marital status: Marrie Single: (tick one)

Religious Affiliation.....

Home Address.....

Home District

Year of admission.....Course.....

Certificate Diploma (tick one)

Academic Year Year of Study Semester.....

Choice of study time Full tim Weekend Holiday Evening

Residence: Day Hostel Boarding (tick one)

Former school.....

Highest level of education attained.....(Attach *photocopies*)

Any form of Disability (if any).....

How did you know Kitara Institute?

Name of parents / Guardian

If guardian what relationship.....Contact.....

INCASE OF EMERGENGE NOTIFY (NEXT OF KIN)

Name

Address

Telephone No.....

Consent: I have read and understood the Institute rules and regulations to follow them.

Signature

Name.....

Date.....

Tel.....

**Attach
current
passport
photoarabh**