



# ANGAZA BIBLE AND TRAINING INSTITUTE

(Accredited by TVETA)

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## APPLICATION FORM

NAME OF APPLICANT: \_\_\_\_\_ (SIR NAME FIRST NAME LAST NAME)  
 PHONE NUMBER: \_\_\_\_\_  
 ID/PASSPORT NO.: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_  
 RELIGIOUS: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
 COUNTRY: \_\_\_\_\_ POSTAL ADDRESS: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_ SUB COUNTY: \_\_\_\_\_  
 OCCUPATION/PROFESSION: \_\_\_\_\_  
 DO YOU HAVE ANY FORM OF DISABILITY? YES/NO \_\_\_\_\_ IF YES INDICATE \_\_\_\_\_

**PASSPORT  
PHOTO**

### COURSES OFFERED

- ☐ Bible and Theology    ☐ Counseling Psychology    ☐ Christian Ministry  
☐ Chaplaincy    ☐ Agriculture Extension    ☐ ICT  
☐ Business Management    ☐ Leadership & Management    ☐ Other \_\_\_\_\_  
☐ NAT. VOC. CERT.    ☐ ARTISAN CERT.    ☐ CRAFT CERT.    ☐ NAT. DIPLOMA  
☐ BACHELOR'S DEGR    ☐ POST GRAD. DIP.    ☐ MASTER'S    ☐ DOCTORATE DEGREE

### MODE OF STUDIES

☐ FULL TIME    ☐ EVENING    ☐ WEEKEND    ☐ E-LEARNING    ☐ SCHOOL BASED

### ACADEMIC/PROFESSIONAL DETAILS

- ✓ List all institutions attended and the qualification obtained starting with the latest  
 ✓ Attach copies of transcript and certificates obtained

Institution Attended	From: (Month and Year)	To: (Month and Year)	Qualification Obtained
i) Academic			
ii) Professional/ Portfolio of Evidence			

### APPLICANT'S DECLARATION

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Applicant's Full Name: \_\_\_\_\_ ID/Passport No.: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY

Remarks: \_\_\_\_\_

Academic Registrar Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICATION FEES

Amount: Kshs 1,500    Paid to : Paybill 247247    Account: 1370 2829 2994 3 (Paid Once, Nonrefundable)