

KOBOKO INSTITUTE OF SCIENCE AND TECHNOLOGY



SCHOOL OF PHARMACY AND MEDICAL LABORATORY TECHNOLOGY

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Attach pass port
photo

APPLICATION FORM FOR ADMISSION AT KIST

(To be Completed in capital letters and returned to the office of academic Registrar date is left open)

Date: Academic year:

Program applied for:

.....
.....

PART A (Bio data)

Name:

Telephone:

Middle name:

Date of birth:..... District..... Nationality:.....

PART B (Academic data)

(Please attach copies of academic documents)

Level	School attended	Year of completion
PLE		
O' level		
A' level		
Course		

PART C (Sponsorship)

Name sponsor:.....

Address:

Telephone:

Declaration:

I.....Declare that the information give above is a true description of me.

Sign.....

Date: