Ref: KNDI/INTERIM/FORM/001 Application for Training Institution License (Read Instructions Carefully Then Fill the Form)

Attachments

Accacillin	ciics							
b. /								
C. /	A copy of business registration certificate							
	A copy of PIN certif							
Part A: Id	lentification of Ins	titution						
Ī	Name:							
1	Address	ress						
-	Town:		C	ounty:				
I	PIN:							
i	Business Registrati	on No:					•••••	
-	Геl:		Emai	l/ Webmail			• • • • • • • • • • • • • • • • • • • •	
I	Fax:		Ph	ysical Locat	ion (Plot no	o.)	•••••	
	Date Established							
	Ownership:		/ate	Public				
	·		L		_			
Part B. Tv	ype of Training Off	ered and [Date it St	arted (Tick	all that App	olv)		
	Type		Tick	Date	F F	,,]	
	Certificate						1	
	2. Diploma							
	3. Degree							
	3. Degree						I	
Dart (Tv	ne of Training Rei	ng Applied	l For (Ti	ck all that A	nnly)			
Part C. Type of Training Being Applied Type Tick			Date to begin					
Type	+ificato	TICK	Date to	o begin				
-	Certificate							
5. Diploma								
6. Degree								
D+ D								
Part D. F	or official use only							
	· · · • • · · · · · · · · · · · · · · ·							
	eiving Officer (To	-			-			
Name of	Officer	•••••••	Signati	ure	Date	••••••	•••••	
_								
	•	-			on docume	ents e	nclosed are correct, adequate and	
	eting the minimum	standards	to begin	training)				
Recomm	endation							
Technica	I Manager (Name)		• • • • • • • • • • • • • • • • • • • •	Signatu	ire	Da	te	
Final Ann	proval (To verify th	at all the re	ecommei	ndations are	made by re	elevan	nt committees for final Approval)	
	•				-			
	ecutive Officer (Na							
		~ <i>, • • • • • • •</i>		oa ca. c		~	· • • • • •	

Registration No. (To be sealed with official stump)

Part E. Registrar (To allocate Registration number)