## Tarlen Computer Centre

P.O BOX 157-50200, BUNGOMA.

QUALITY SERVICE IS OUR PRIORITY, EFFICIENCY OUR CHOICE & EXCELLENCE OUR PRIDE

## **PROFICIENCY IN COMPUTER SYSTEMS & APPLICATIONS**

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1.	Applicant	's Name:	Surname			Other names			
2.	2. Contact (Postal Address			Surname					
		Teleph	none						
	E-Mail Ac	ddress:							
3.	Date of bi	rth:							
4.	Nationalit	.y:							
5.	Gender: Male:			Female:			(Select by Ticking		
6.	Marital St	atus: Married_	Sin	ngle:		(S	select by Ti	icking)	
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(V)	FINANCES					
	Please indicate	by ticking	() how you intend	to finance your study		
	Through: (i)	Parent	(phone		_)	[ ]
	(ii)	Self	(phone		_)	[ ]
	(iii)	Sponsor	· ( phone		_)	[ ]
	(iv)	Other (p	please specify)			[ ]
	Signature of Ap	oplicant			Date	
			FOR OFF	TICIAL USE ONLY		
	Admission reco	mmended:		Admission not recon	nmended:	
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			ADMISSION NO	: CCC/10/	EN CO	MPUTER CENTRAL 0208098500 clenscentre.com
				1	CRAL TEL	0208098500 arlenscentre.com
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M					SOA	151-302
	SIGNATU	JRE:	<u> </u>			1030 V
		DI	RECTOR (CCC)	- a va Q	DATE	
			CANA	ADV		
Dully	completed appli	cation for	ms should be return	rned to:		
	Director,					
	n Computer Ce Box 157-50200					
	GOMA-KENY	YA.				
Telep		1 20 809		0021 <i>5 (MI</i> DECA) /07	122120007 (5	AD) (072 4792 672
Mobil E-mai			(MPESA) 072390 enscentre.com	00215 (MPESA) /07	, 33139880 (Z	Ar)/U/34/830/3
Webs	-		centre.com			

FEE Payment: use Cheque/Direct Deposit or MPESA (0712996339) /ZAP (0733139886)
For Direct Deposit of Fee/Cheque to: Account Name: Carlen Computer Centre

Bank: Co-operative Bank,
Branch: Bungoma Branch

Account Number: 01109050048100