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BANDARI MARITIME ACADEMY- MOMBASA

Office of the Director

COURSE APPLICATION FORM

Course Applied:

Surname: Other Names

Gender (M/F)

Date of Birth: ID/Passport No.

County:

Permanent Address: Town

Contact Address: Email

Cell/Phone Number:

Nationality: Marital Status.....

Name of Parent or Guardian: Cell/Phone Number:

Education /Training

Institution Attended	Dates		Qualification Attained
	From	To	

Other Academic or Professional Qualifications

Institution Attended (Start with Current)	Dates		Overall Grade
	From	To	

Working Experience

Name of Organization (Start with current)	Post Held	Dates

Attach copies of the Relevant Certificates, and National ID/Birth Certificate.

Declaration

I,, declare that the information given in this application form is correct.

Sign: Date:

FOR OFFICIAL USE ONLY

Date Received	Folio No.	Date Selected	Date Rejected

Signature Date:

(Chairman – Selection Committee)