

Student's Pass New Application

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FORM 30 - Application for a student/research & Internship pass

Instructions as you fill this form

Ensure that every upload is in the specified format and should not be more than 2Mb.

Make sure you have all the requirements indicated for this Pass. There are two steps to complete this application. At this step you need to have a softcopy of your passport photo which is compulsory. An evidence for gratis/exemption (Optional) e.g All citizens of the East Africa Community(Uganda, Tanzania, Rwanda, Burundi) can attach their valid passport as evidence.

(NB)Fields in (*) are compulsory

Select Passport photo:*	<input type="button" value="ファイルを選択"/> ryuji_passport.pdf	Type of Pass(Student/Research)*	Research
Current Immigration status*	Kenya Visitor's Pass	Immigration File Number (R number)	
Surname*	Yoshino	Othername(s)*	Ryuji
Date of Birth (DD MM YY e.g 24 Sep 2015)*	29 May 1987	Place of Birth	Japan
Gender *	Male	Nationality *	Japanese
Passport No*	TK7843857	Passport Date of Issue (DD MM YY e.g 24 Sep 2015)*	24 Aug 2012
Passport Valid until (DD MM YY e.g 24 Sep 2015)*	24 Aug 2022	Place of Issue*	Tokyo, Japan
Full names of Institution*	Institute of Tropical Medicine, Nagasaki University	Name of the principal	ヨシノリュウジ
Institution Postal Address *	1-12-4, Sakamoto, Nagasaki, Japan	Postal Code*	852-8523
City*	Nagasaki		
Physical address of institution*	1-12-4, Sakamoto, Nagasaki, Japan	Admission Number	
Course/Research/internship and official duration *	from January 1, 2021 to June 30, 2022	Duration applied for*	three years
Phone Number eg(254 711111111) *	+81-90-1869-0490	E-mail address*	ryuji.yoshino.0529@gmail.com
Kenyan Postal Address*	P.O. BOX 19993-00202	Postal Code*	-00202
City*	Nairobi	Kenyan cellphone eg(254 711111111)	eg(254 711111111)
Country of Residence*	Japan	Residential County *	Nairobi
Sub County (Select county first)*	Kibra	Location*	Next to KNH Post office
Plot No/Building Name*	Nagasaki University, Kenya research station	Nearest Landmark*	Kenyatta National Hospital
Town*	Upper Hill	Nearest Road/Street*	Hospital Rd.
Application type*	New application	Arrival date*	01 Feb 2021
Exemption/Gratis	<input type="checkbox"/>	If Gratis attach evidence:	<input type="button" value="ファイルを選択"/> 選択されていません
Upload Police Clearance Certificate:	<input type="button" value="ファイルを選択"/> 選択されていません		
Particulars of any previous permit or pass issued or applied			
Type of permit/Pass/Visa		Permit No.	
Date issued	<input type="button" value="Click to choose date"/>	Duration	
<input type="button" value="Save"/>			