



KTVC/REG/ADM/APPLICATION FORM

A: APPLICANT'S DETAIL

SURNAME:.....FIRST AME..... MIDDLE NAME.....
DATE OF BIRTH(DD/MM/YY).....GENDER.....PHONE.....
ID /PASSPORT.....BIRTH CERT NO.....
NATIONALITY.....EMAIL:.....DATE:.....
COUNTY..... SUB-COUNTY:

B: EDUCATION DETAILS: LASTSCHOOLS/COLLEGES ATTENDED, YEARS AND QUALIFICATIONS

S/NO	SCHOOLS/COLLEGES	YEAR	MARK/POINT
1			
2			
3			

KCSE RESULTS: MEAN GRADE:INDEX NUMBER:YEAR
KCPE Index No. YEAR KCPE Marks

Attach copies of:

- ✓ KCPE Certificate/Result Slip
- ✓ KCSE Certificate/Result Slip
- ✓ ID card
- ✓ Leaving Certificate
- ✓ Birth Certificate
- ✓ 2 Coloured Passport

C: PARENT'S /GUARDIAN'S DETAILS

SURNAME:.....FIRST AME..... MIDDLE NAME.....
P.O BOXCODE.....
PHONE NUMBER:.....E-MAIL:.....

D: COURSE APPLIED FOR:.....

COURSE TITLE:
LEVEL: [] ARTISAN [] CERTIFICATE [] DIPLOMA [] CBET **Intake:**Jan/May/Sept.

PRINCIPAL
KIENI TECHNICAL COLLEGE
P.O. Box 316 KIGANJO
Tel: 0791917471
Sign.....Date.....



KTC/ADM/F-02

CERTIFICATE OF MEDICAL EXAMINATION

STUDENT DETAIL'S

1. Name of candidate:.....
2. Date of Birth:.....

AREA TO BE EXAMINED MEDICALLY

1. Vision
2. Hearing
3. Speech
4. Posture
5. Physical/defects/Deformities, If Any
6. Symptoms on any infectious disease

CERTIFICATE

I Doctor.....have this
date.....examined.

.....and found him/her , fit/not fit for training course
as a.....

Signature:

Designation:

Address:

Date:

PRINCIPAL
KIENI TECHNICAL COLLEGE
P.O. Box 316 KIGANJO
Tel: 0791917471
Sign.....Date.....

[Handwritten Signature]

(OFFICIAL STAMP OF M.O.H)