



P.O BOX 316 – 10102, KIGANJO, Tel: 0791-917 471;
 E-mail: kienitech2019@gmail.com; info@kienitvc.ac.ke
 Website: www.kienitvc.ac.ke

KTVC/ ADM /F001

A: APPLICANT'S DETAIL

SURNAME:..... FIRST NAME..... 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 ALL certificates ***

KCPE Certificate/Result Slip

KCSE Certificate/Result Slip

ID card

School Leaving Certificate

Birth Certificate

2 colored Passports

1 ream of foolscap

1 ream of printing paper (JK COPIER)

3 spring files

C: PARENT'S /GUARDIAN'S DETAILS

SURNAME:..... FIRST NAME..... MIDDLE NAME.....
 P.O BOX CODE.....
 PHONE NUMBER:..... E-MAIL:.....

D: COURSE APPLIED FOR:.....
 COURSE TITLE:

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

OFFICIAL STAMP (KIENI T.V.C) :

