

MINISTRY OF EDUCATION
MUKURWE-INI TECHNICAL TRAINING INSTITUTE

P. O. Box 23 - 10103, MUKURWE-INI.

TEL: 0710440944

E -mail: mukurweinitti@gmail.com

ADMISSION LETTER



ADMISSION FORM No.: DATE:

NAME:

ADDRESS:

YEAR OF ADMISSION:

ID / CARD No.:Sub county

COURSE:

DURATION: MOBILE No.....

Following your application for a course in this Institute, I am glad to inform you that you were successful and you have been admitted to undertake the above course.

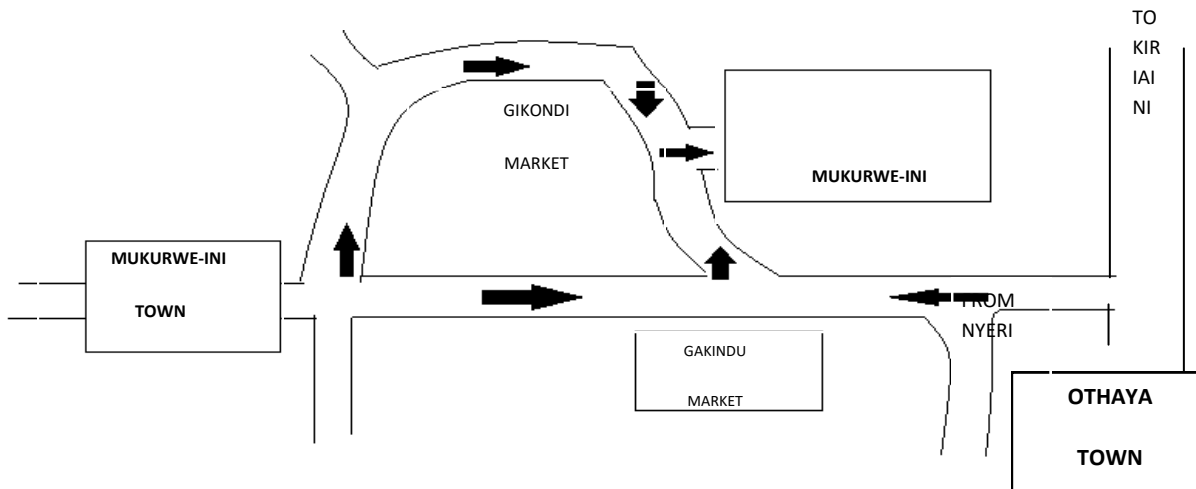
Success in any course, whatever the duration, will depend largely on how you will conduct yourself in its pursuit. To be successful you must be self-disciplined, determined, dedicated, devoted, and hardworking in all aspects and in all subjects relevant to the course.

Please report for Admission on But not later than during working hours. Due to the great demand of available places in the course, any delay in reporting will mean immediate replacement from the long waiting list. The Institute is a middle level Technical Training Institute located in Gikondi Ward, Mukurwe-ini Sub County, Nyeri County 6 km off the Mukurwe-ini-Othaya Road branching at Gakindu Market.

FEES COLLECTION

All fees to the Institute should be paid on the reporting/opening day of the term. Payment must be in form of a BANKERS CHEQUE or deposited in the fees collection **A/C No. 0830263740353**
EQUITY BANK Mukurwe-ini Branch

NB. Personal cheques and cash will not be accepted. Bankers cheques payable in banks outside Mukurwe-ini town will attract a commission of Ksh.200, being bank charges. Overpayments are carried forward to the following term, hence not refundable.



Requirements

1. On admission please carry the following;

- Admission letter,
- 2 recent coloured passport size photographs,
- Original and copies of ID card, KCPE Result slip/Certificate, KCSE Results slip/Certificate and school leaving certificate.
- A photocopy of the birth certificate

2. Course Tools

Students are requested to bring tools relevant to their courses of study on the attached list as recommended by the respective departments.

3. Writing materials

The Institute will not provide writing materials such as notebooks, exercise books or foolscaps. The students are requested to purchase enough writing materials before they report to the Institute.

4. Personal Effects

The Institute will provide accommodation at reasonable fee of 4,000 per term hence make arrangements to have the following:-

- A mattress, a pair of bed sheets, a pillow and a pillowcase
- 2 or more blankets
- Enough Personal clothes
- Laundry, bath soap and a Bucket

5. Medical Certificate

A blank form for medical examination is enclosed. Please bring it on admission duly filled by a doctor from a government hospital, to certify that you are medically fit to be a student.

6. *Examinations*

Whereas the final external examination will be set by the Kenya National Examinations Council, the internal examinations set by the Institute should be taken seriously. Any student performing poorly may be barred from proceeding or altogether discontinued from the course. A candidate must pass in all papers offered in a module otherwise he/she will be referred in the paper(s) failed.

7. *Institutes Rules & Regulations*

There are basic rules and regulations to be observed by all students as basis for good routine and harmony necessary for peaceful pursuit of both learning and teaching. All students are required to familiarize themselves with the same and adhere to them strictly; failing which appropriate disciplinary action will be taken.

8. *Student's Record Form*

A blank Student's Record Form is enclosed. Please read it thoroughly and fill in the blanks as comprehensively as possible and sign the relevant areas accordingly.

We look forward to meeting you on the above specified date and wish you a successful stay with us.

The image shows a handwritten signature in blue ink on the left. To the right of the signature is a blue official stamp. The stamp text reads: "PRINCIPAL" in large bold letters, followed by "MUKURWE-INI TECH. TRAINING INSTITUTE" in smaller bold letters, and "P. O. Box 23 - 10103 MUKURWE-INI" in the smallest font at the bottom.

PRINCIPAL



MUKURWE-INI TECHNICAL TRAINING INSTITUTE
STUDENT'S RECORD AND DECLARATION FORM



(Fill and sign this form before admission)

1. PERSONAL INFORMATION

Full Names Date:
 Course I.D. No.
 Date of Birth ADM. No.
 Department: Sex: *Male* [] *Female* []
 Mobile Number: Religion/Denomination:

2. FATHER'S DETAILS

Fathers Name: I.D. No.
 Mobile Number: Address:
 Occupation:

3. MOTHER'S DETAILS

Mother's Name: I.D. No.
 Mobile Number: Address:
 Occupation:

4. GUARDIAN/SPONSOR'S DETAILS *(If different from the above)*

Guardian's Name: I.D. No.
 Mobile Number: Address:
 How are you Related.....

Who will be responsible for paying your fees:

Name: Mobile Number:
 Address: How are you Related

5. HOME DETAILS

County: Sub County:
 Location: Chiefs Name
 Sub-location: Assistant Chiefs Name
 Nearest School/Shopping Centre/Church etc. to your home:

6. QUALIFICATIONS

Last School/Institution attended
KCPE Points..... KCSE Mean Grades
Other Relevant Qualifications

(Please attach a copy of leaving certificate and result slip)

7. SIBBLINGS DETAILS

Please provide the names of siblings (Brothers and Sisters), and their engagement/occupation (either in school or working). Indicate where.

Name	Brother/Sister	Occupation/Engagements	Place
1.	[] []
2.	[] []
3.	[] []
4.	[] []
5.	[] []

8. AREAS OF INTEREST IN SPORTS AND CLUBS

.....
.....

9. DECLARATION:

I..... ID. No.declare that;

1. The information given above is correct to the best of my knowledge;
2. I have read and understood the rules and regulations, and I agree to abide with them fully.
3. If admitted I will work hard and never to participate in any illegal activities;
4. Signature Date

10. PARENT’S/GUARDIANS COMMITMENT

I..... ID. No.....

Promise to support Mukurwe-ini Technical Training Institute to achieve its goals, and I will always meet my financial obligation to the institute.

Signature Date

11. FOR OFFICIAL USE ONLY:

Registrar’s Signature: Date:



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CERTIFICATE OF MEDICAL EXAMINATION

(To be filled by a doctor from a government hospital)

1. Name of Candidate
- Date of Birth
2. Area to be examined medically
 - (i) Vision
 - (ii) Hearing
 - (iii) Speech
 - (iv) Posture
 - (v) Physical defects/deformities, if any.....
 - (vi) Symptoms of any infectious disease

3. CERTIFICATE

I Doctor have this date

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

Signature.....

Designation

Address

Date

OFFICIAL STAMP OF MEDICAL OFFICER OF HEALTH (M.O.H.)