

**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.....

KCPE FULL INDEX NO KCPE YEAR.....

KCSE FULL INDEX NO KCSE YEAR.....

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.

You are advised that success in every course 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 areas of expertise related to the course.

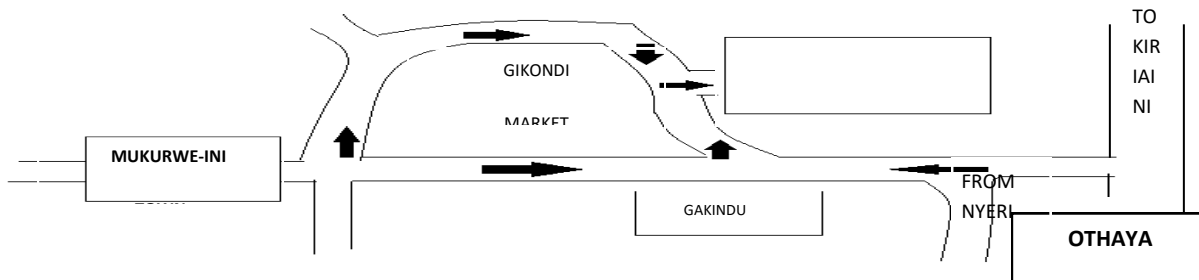
Please report for Admission on But not later than during working hours. Due to the great demand of available places in the course, any delay in reporting will mean immediate replacement from the waiting list. The Institute is a middle level Technical Training Institute located in Gikondi Ward, Mukurwe-ini Sub County, Nyeri County 4 km off the Mukurwe-ini-Othaya Road branching at Mukurwe-ini Sub- County Hospital.

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

Trainees 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 trainees 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 trainee.

6. *Examinations*

Trainees are expected to undertake internal Examinations which qualify them to register external exams undertaken which are offered by various bodies per course.

A candidate must pass in basic, common and core units offered in any course. Otherwise, he/she will be referred in the unit failed.

NB: Examination fees **MUST** be fully paid in the institute's exams A/C NO. **0830268993601 EQUITY BANK** on admission.

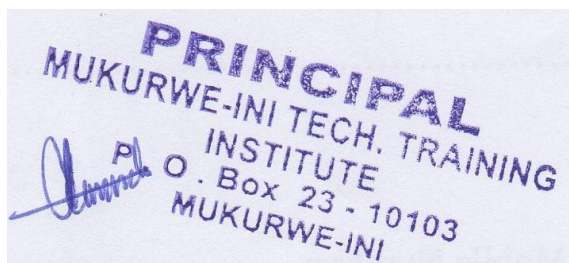
7. *Institutes Rules & Regulations*

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

8. *Trainee's Record Form*

A blank trainee'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.



PRINCIPAL

TRAINEE’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 | <i>Brother/Sister</i> | Occupation/Engagements | Place |
|---------|-----------------------|------------------------|-------|
| 1. | [] [] | | |
| 2. | [] [] | | |
| 3. | [] [] | | |

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.)