



APPLICATION FORM

KTVC/IQAO/REG/F001

A. PERSONAL DETAILS

SURNAME

FIRST NAME

OTHER NAMES

ID/PASSPORT NUMBER

DATE OF BIRTH (dd/mm/yyyy)

MARITAL STATUS

GENDER (tick one)

MALE ☐

FEMALE ☐

POSTAL ADDRESS

POSTAL CODE

TOWN

COUNTY

SUB-COUNTY

WARD

LOCATION

SUB-LOCATION

VILLAGE

NEMIS CODE

KRA PIN

MOBILE NUMBER

EMAIL ADDRESS

NATIONALITY

Do you have any disability? YES ☐ NO ☐ If yes, then specify (give details) _____

B. ACADEMIC QUALIFICATIONS

SCHOOL/COLLEGE ATTENDED	INDEX NUMBER	YEAR EXAMINED	MEAN GRADE/MARKS
KCSE			
KCPE			
COLLEGE			

C. SPONSOR/GUARDIAN DETAILS

FULL NAME

ID/PASSPORT NUMBER

POSTAL ADDRESS

TOWN

RELATIONSHIP TO APPLICANT

EMAIL ADDRESS

MOBILE NUMBER

OCCUPATION

D. COURSE DETAILS

COURSE NAME IN FULL

INTAKE: JAN ☐ MAY ☐ SEPT ☐

PROGRAMME DURATION

EXAMINING BODY

LEVEL (TICK ONE)

LEVEL 3 ☐

LEVEL 4 ☐

LEVEL 5 ☐

LEVEL 6 ☐

Type of Application (tick one) KUCCPS ☐ DIRECT ☐

I confirm the information given above is correct to the best of my knowledge and do take full responsibility for any incorrect information.

Sign

Date

Attach the following: Copies of KCPE & KCSE Slips/Certificates,
National ID, Birth Certificate & Colour Passport Size Photo.
Send your Fully filled application form to: The Principal, Kongoni
Technical And Vocational College, P.O. Box 45-30205 Matunda. OR
Email: kongonitvc@gmail.com

FOR OFFICIAL USE ONLY

VERIFIED

BY:

SIGN: DATE:

All correspondence be made to the principal