

JUDITH AKARANGA

PRINCIPAL/SECRETARY BOG

MINISTRY OF EDUCATION STATE DEPARTMENT FOR VOCATIONAL AND TECHNICAL TRAINING KONGONI TECHNICAL AND VOCATIONAL COLLEGE



Along Eldoret - Kitale Road P.O. Box 45 - 30205 Matunda
TEL: 0788-070-303 EMAIL: kongonityc@gmail.com WEBSITE: www.kongonityc.ac.ke

		DATE:
ADM. NO. :		
P.O BOX	TOWN	_
DEAR MR/MRS/M	ISS/MS	
RE: ADMISSION OF	FER-2025/2026 ACADEMIC YEAI	<u>R</u>
	m you that your admission for a [Two Modules Course (Level 4)/	Seven Modules Course (Level 6)/ Four Modules One Module Course (Level 3) in has been approved. This course will be offered by
You are eligible for a need Government fir website. In case the the deficit will be me will remain registere. Your studies and stay governing tertiary in passport size photos REGISTRATION On arrival at the inst on nominal roll and two weeks of openir	Government scholarship, loan and ancial support, you will be assisted Government scholarship, loan and et by your parent/guardian. This is differ the stated academic years subjected by college rules a stitutions offering TVET curriculur, original identification Documents itute, you should report to the Regomplete the registration requires	Your admission commences on
availability of schola	rship. Your financial responsibilitie	payment of statutory fees to the finance office or proof of es will be as tabulated in the enclosed fee structure.
availability of space		able on first come first served basis upon confirmation of ees.
MEALS	army anguigh each to finance your f	eeding as it will be on pay as you eat (PAYE) basis.
		ruitful stay at Kongoni Technical and Vocational College.
Yours faithfully,		
Hlara	KONGONI TECHNICAL VOCATIONAL COLLEG O. Box 45-30205, MATU	5 E

All correspondence be made to the principal



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APPLICATION FORM

KTVC/IQAO/REG/F001

A. PERSONAL DETAILS					
SURNAME	FIRST NAME		OTHER NAMES		
ID/PASSPORT NUMBER DA	TE OF BIRTH (dd/mm/yyyy)	MARITAL S	TATUS	GENDER (tick one)	
			M	ALE FEMALE	
POSTAL ADDRESS POSTAL CODE	TOWN	COUNTY	SUB-COU	NTY WARD	
LOCATION SUB-LO	OCATION VILLAG	SE	NEMIS CODE	KRA PIN	
MOBILE NUMBER	EMAI	L ADDRESS	_	NATIONALITY	
Do you have any disability? YES	NO If yes, then sp	ecify (give deta	ils)		
B. ACADEMIC QUALIFICATION	IS				
SCHOOL/COLLEGE ATTENDED IN	IDEX NUMBER	,	YEAR EXAMINED	MEAN GRADE/MARKS	
KCSE					
КСРЕ					
COLLEGE					
C. SPONSOR/GUARDIAN DETA		SSPORT NUMBE	R POSTAL ADI	RESS TOWN	
RELATIONSHIP TO APPLICANT	EMAIL ADDRESS		MOBILE NUM	IBER OCCUPATION	
	I.				
D. COURSE DETAILS					
COURSE NAME IN FULL					
INTAKE: JAN MAY SEPT	7		- ,		
	EXAMINING BODY	LEVEL (TICK ON	E)		
	*				
Type of Application (tick one) KUCC		LEVEL 3	LEVEL 4 LI	EVEL 5 LEVEL 6	
I confirm the information given above i	s correct to the hest of my knowled	Ige and do take fu	ıll responsibility for ar	ny incorrect information	
Sign		-			
Attach the following: Copies of KCPE	& KCSE Slins/Certificates	EOB OFFICE	AL USE ONLY		
National ID, Birth Certificate & Colour	Passport Size Photo.	VERIFIED	THE GOL ONE!		
Send your Fully filled application form Technical And Vocational College, P.C.					
Email: kongonityc@gmail.com	7. DOX 40-30200 INIALUNUA, UK	SIGN:		.DATE:	