

# SAMBURU TECHNICAL & VOCATIONAL COLLEGE

P.O. Box 935, ISIOLO

TEL: +254 792 359 280

Email: [info@samburutechnical.ac.ke](mailto:info@samburutechnical.ac.ke)

Website: [www.samburutechnical.ac.ke](http://www.samburutechnical.ac.ke)



TO: SHANICE KAWIRA ID No: 39378556 ADM No: 0991



## RE: Admission to pursue Craft Certificate in Catering and Accommodation at Samburu Technical & Vocational College

Congratulations! We are pleased to inform you that you have been offered a chance to Study **Craft Certificate in Catering and Accommodation** at Samburu Technical & Vocational College. You will be expected to report not later than 5:00 p.m. on **Tuesday 03 May, 2022**

- Admissions take place from Monday to Friday during working hours from 8:00 a.m. to 5.00 p.m.
- The Institute is located about 400 metres from the Tarmac opposite the Police Post.
- Fees for the term must be paid in full as shown on the attached Fees structure on or before the reporting date by Banker's cheque or be paid to Samburu Technical Training Institute bank account as follows:  
**EQUITY BANK - A/C NO.1040262403565 NB: Make sure you are issued with a bank slip with correct amounts paid and present it on admission. Cash and Personal Cheques shall not be accepted.**
- Application Fee of Ksh.300 must be added to the fees or paid separately.
- An appropriate commission will be charged for clearing banker's Cheques.

We are looking forward to meeting you on the reporting day

*Yours sincerely*

Lucy K. Mutembei - MIHRM  
Principal Samburu T.V.C

## MEDICAL REPORT

**NOTE:** Applicants must get this form filled by a Doctor from a recognized hospital. Payment for the examination is the sole responsibility of the applicant.

**NAME:** SHANICE KAWIRA **COURSE:** Craft Certificate In Catering And Accomodation

**ADM NO** .....

**1. Eyes and Vision**

- Unaided RightLeft.....
- Aided RightLeft.....
- Colour Blind .....
- Visual field .....

**2. Nose**

- Nasal bleeding .....
- Adenoids .....

**3. Ears**

- Hearing Voice Right .....
- Left.....

**4. Mouth and Teeth** .....

**5. Glands** .....

**6. Chest** .....

..... With special reference to any tubercular tendencies .....

**7. Spinal column** .....

**8. Body internal organs** .....

**9. Any other weakness, defects or disease: e.g. Defects of speech local twitching or spasm, nervous disorders. STIS etc.**  
**General observations if care is desirable in any special direction please give particulars**

.....

.....

**Name of registered medical practitioner** .....

**Signature** ..... **Official Stamp and Date** .....