

SAMBURU TECHNICAL & VOCATIONAL COLLEGE

P.O. Box 935, ISIOLO

TEL: +254 792 359 280

Email: info@samburutechnical.ac.ke

Website: www.samburutechnical.ac.ke



TO: NICHOLAS MUTETHIA ID No: 33745916 ADM No: 0814



RE: Admission to pursue Artisan in Electrical Engineering at Samburu Technical & Vocational College

Congratulations! We are pleased to inform you that you have been offered a chance to Study **Artisan in Electrical Engineering** 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: NICHOLAS MUTETHIA COURSE: Artisan In Electrical Engineering

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

.....
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Name of registered medical practitioner

Signature Official Stamp and Date