



EAST AFRICA VISION INSTITUTE

SCHOOL OF MANAGEMENT AND HUMAN CAPACITY BUILDING

Eldoret Campus
Skymart Building
1st Flr Rm F45

Eldoret Main Campus
City Plaza Next To
Bandaptai Hotel

P.O. Box 6662-30100 Eldoret,
Tel: +254722394443
Email: info@eavi.ac.ke
Website: www.eastaflicavisioninstitute.ac.ke

Our Ref: EAVI/8833/2025

Date:.....

Dear Sir/Madam,

RE: Admission Letter

Name: _____

Congratulations! We are pleased to inform you that with the approval of the Board of Directors,
you have been admitted as a student of East Africa Vision Institute (EAVI).

Adjust the x,y coordinates in pdfTemplateFiller.js based on your template layout

You have been admitted for the Diploma / Certificate / Artisan in ,.....
with Admission Number:

You are required to report to the Institute on.....

STUDENT_NAME

(200, 450)

DURATION

(450, 450)

Note: You are required to report to the college immediately.

ADMISSION_NUMBER

(200, 420)

FEE_PER_TERM

(450, 420)

Fee Payment Details

East Africa Vision Institute

COURSE_NAME

(200, 390)

TOTAL_FEE

(450, 390)

Equity Bank: Account No. 0470292838961

DEPARTMENT

(200, 360)

KCB Bank: Account No. 1115207350

NUMBER

(200, 330)

Note:

We do not accept cash payments. All fees must be deposited in the above accounts only.

EMAIL

(200, 280)

PHONE

(200, 250)

DATE_OF_BIRTH

(200, 220)

LOCATION

(200, 190)

TRIZAH JUMA

For Directors:

Philemon Saina (B.Sc. Eng, MBA)

KCSE_GRADE

(200, 140)

Beth Mwangi (B.A, MBA, PhD Finance)

ADMISSION_DATE

(200, 110)

R. B. Patel (B.Sc. Eng, M.Sc.)

REPORTING_DATE

(200, 80)

**PRINCIPAL
EAST AFRICA VISION INSTITUTE
ELDORET BRANCH**

ISSUE_DATE

(450, 150)



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Website: www.eastaflicavisioninstitute.ac

Our Ref: EAVI/7952/2019

Your Ref:

Date:.....

**THE CHAIRPERSON
BURSARY COMMITTEE**

Dear Sir/Madam

RE: BURSARY SUPPORT FOR,

Name: _____

The above named student Adm. No. _____) has enrolled for a *Diploma/Certificate/Artisan* course in _____ in our Institution. Due to financial difficulty the student is not able to continue / start the course immediately; therefore we request that you give the student school fees support. The student has a fee balance of _____. The total fee per term is _____.

Fee Payment Details

East Africa Vision Institute

Equity Bank ACC NO.: 0470292838961 or

KCB A/C NO. 1115207350 or

MPESA: PAYBILL NO. 257557, ACCOUNT NO.....

I believe you will consider her/his request.

Thank you in advance,

Yours faithfully

For College Principal
TRIZAH JUMA

**PRINCIPAL
EAST AFRICA VISION INSTITUTE
ELDORET BRANCH**

REQUIREMENTS

Documents (All Students):

- Admission Letter: copy
- KCSE Certificate or Results Slip: copy
- National ID or Birth Certificate: copy
- Passport-Sized Photographs: 2–4 recent photos
- Bank Payment Slip: Proof of tuition fee payment
- Accommodation Payment Receipt: If applicable

Uniforms & Clothing (Medical Students Only):

- KMTC Uniform with EAVI Logo
 - Ladies: Dress – 2 pairs
 - Boys: Trousers + White Shirt – 2 pairs
- White Lab Coat with EAVI Logo: 2 coats
- Scrubs: 2 pairs

Footwear (Medical Students Only):

- Crocs: 2 pairs
- Shoes: 2 pairs

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Academic & Stationery (All Students):

- Notebooks: For lectures and practicals
- Writing Instruments: Pens, pencils, erasers, highlighters
- Calculator: Required for certain courses
- Laptop or Tablet: For e-learning, research, and assignments

Ensure all items are prepared and organized prior to reporting day to facilitate a smooth registration process.