



MINISTRY OF EDUCATION, STATE DEPARTMENT OF VOCATIONAL
& TECHNICAL TRAINING
P.O. BOX 34 Kitale, Tel: +254742245562 E-mail:
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Web: www.sareto.ac.ke



COURSE APPLICATION FORM

1. Please complete all sections of this form
2. Attach a copy of National ID/Passports, result slip or examination certificate, school leaving certificate and birth certificate
3. This form should be returned with a non-refundable fee of kshs.500.

The Principal, Sareto Technical Training Institute, P O Box 34 – 01000, KITALE

SECTION A: PROGRAMME PARTICULARS

Course applied for _____

Proposed date of enrolment

January ☐ Year May ☐ Year..... September ☐ Year.....

MODE OF STUDY

Full time ☐ Parallel ☐ ☐ Part – time Open Distance ☐

SECTION B: PERSONAL DATA

Name: Surname..... FirstMiddle.....

Date of Birth: Day/Month/Year).....Birth Certificate No:.....

P O Box City/Town.....County.....

Cell Phone No:..... Email Address:.....

Gender: Male ☐ Female ☐ Marital Status: ☐ Single ☐ Married ☐

Religion (Optional)

Nationality: National ID/Pass port No:.....

Next of kin name:.....

Relation to the student:.....

Next of kin postal address: City/Town.....

Tel No. 1..... Tel No.2.....
Please turn over

SECTION C: EDUCATIONAL HISTORY

List of all High Schools and Colleges attended with dates, starting with the current of most recent.:

Name of School/College	From (Yr)	To (Yr)	Qualification Attained	Grade

KCPE INDEX NO:Year

KCSE INDEX

NO:Year

SECTION D: ADDITIONAL INFORMATION

How did you learn about Thika Technical Training Institute: (Please tick all that apply)

Institute Website☐Newspaper/Advertisement☐Former Student☐Friends☐

☐Family☐Radio/Advertisement☐Career teacher☐Fair/Exhibition☐

SECTION E: MEDICAL HISTORY

Do you suffer from any physical impairment or do you have any special health condition:

Yes☐No☐

If yes, specify:

SECTION F: DECLARATION

I certify that the information I have given in this application is correct to the best of knowledge.

Applicants' Signature:.....*Date:*

SECTION G: RECOMMENDATION

(FOR OFFICIAL USE ONLY)

Approved ☐

Disapproved ☐

Comments
.....

Registrar’s Signature: Date:

Receipt Number:.....

Admission Letter Issued:..... Date: Sign:.....