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MINISTRY OF EDUCATION STATE DEPARTMENT FOR TECHNICAL AND VOCATIONAL TRAINING

PROFILE					
First name	I	ast name	Other name		
Date of birth (dd/m	m/yyyy)				
Gender (Please tick	(√): [] Male	[]Female		
Postal address					
Phone number		Email			
COURSE APPLIE	<u>ED</u>				
Diploma []	Cra	ft Certificate [] Artisan [1	
Course name:					
ACADEMIC QUALIFICATION					
NAME OF INSTITUTION	YEAR STARTED	YEAR COMPLETED	QUALIFICATION (e.g KCSE, Certificate, Diploma, etc)	GRADE/MARKS ATTAINED	

CONTACTS

Kiptaragon Technical and Vocational College Po Box 175 -20157 Olenguruone, Kenya **Tel:** 0790568732 OR 0750724092

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PROFESSIONAL CERTIFICATION

CERTIFICATION NAME	YEAR ATTAINED	CERTIFICATION SERIAL NUMBER

Applicant's signature	Date
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