**(This offer will be confirmed upon verification of academic documents for minimum qualification)**

**STATE DEPARTMENT OF VOCATION AND TECHNICAL TRAINING**

**HOME OF GLORY TECHNICAL AND VOCATIONAL TRAINING CENTRE**

**P**

**.**

**O BOX 32-40139**

**, AKALA**

**-**

**KENYA.**

**Tel: +254718464449**

Website: www.hogtechnical.ac.ke ,Email: homeofgloryalone2@gmail.com

***MOTTO: MODELLING THE YOUTH FOR THE FUTURE***

**APPLICATION/OFFER OF ADMISSION**

**Ref: ADM/SEPTEMBER, 2023**

**MAIN CAMPUS KISUMU CAMPUS**

**Registration for September 2023 is ongoing in our two campuses**

Course applied for

See the attached list of courses on offer in specific intake (**Appendix I**)

Registration requirements:

- Copy of KCPE Results slip/Certificate

- Copy of KSCE result Slip/Certificate

- Two colored passport-size photographs

- Copy of Birth Certificate

- Copt of National ID

- School leaving Certificate

- Filled Medical Form (Appendix **II**)

**A. PERSONAL DETAILS**

**FULL NAME**

As per K

(

CPE/KCSE Certificate/National ID

)

**NATIONAL**

**ID/PASSPORT**

**DATE OF**

**BIRTH**

**(**

**dd/mm/yyyy**

**)**

**MARITAL**

**STATUS**

**POSTAL**

**ADDRESS**

**POSTAL CODE**

**TOWN**

**COUNTY**

**GENDER (tick**

**one)**

MALE

FEMALE

**MOBILE**

**NUMBER**

**EMAIL**

**ADDRESS**

**CITIZENSHIP**

1. **ACADEMIC QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| LEVEL | INDEX NO. | YEAR | SCORE/MEAN GRADE |
| KCPE |  |  |  |
| KCSE |  |  |  |

1. **SPONSOR/GUARDIAN DETAILS**

**FULL NAME POSTAL ADDRESS** **POSTAL CODE** **TOWN**

|  |
| --- |
|  |

**RELATIONSHIP**  **EMAIL ADDRESS MOBILE NUMBER OCCUPATION**

1. **NEXT OF KIN DETAILS**

# FULL NAME POSTAL ADDRESS POSTAL CODE TOWN

**RELATIONSHIP**

**EMAIL ADDRESS**

**MOBILE NUMBER**

**OCCUPATION**