P. C. KINYANJUI TECHNICAL TRAINING INSTITUTE
"MOTTO: EXCELLENCE IN TECHNOLOGY"
P O BOX 21280-00505 NAIROBI
Email: info@kinyanjuitechnical.ac.ke/Website: www.kinyanjuitechnical.ac.ke
ISO 9001:2015 CERTIFIED

PASSPORT SIZE PHOTOGRAPH

TO .....

First Name Middle Name Surname

RE: ADMISSION FOR TRAINING

I am pleased to inform you that you have been placed for admission to

PC Kinyanjui Technical Training Institute to study.....

for.....year(s)

You are required to report to the institute on 5th September, 2024 but not later than 20th September, 2024.

Admission takes place from **8:00 am** to **4:00pm**.

The Institute is located in Nairobi County, Dagoretti Sub- County, Riruta Satellite, along Kabiria road.

WE DO NOT ACCEPT **CASH MONEY** OR **PERSONAL CHEQUE.**

Yours Faithfully,

THE PRINCIPAL
P. C. KINYANJUI TECHNICAL
TRAINING INSTITUTE
P. O. Box 21280 - 00505, NAIROBI
Tel: 0721 480 199

Lucy Anampiu (Mrs)
PRINCIPAL/ BOG SECRETARY

CDACC FEE STRUCTURE PER YEARFROM SEPTEMBER 2024

	VOTE HEAD	TERM 1	TERM 2	TOTAL
1.	Tuition	20,321.00	16,320.00	36,641.00
2.	Personal Emoluments (PE)	7,440.00	5,439.00	12,879.00
3.	Electricity, Water and Conservancy (EWC)	2,449.00	1,500.00	3,949.00
4.	Local Transport and Travel (LT&T)	2,600.00	1,349.00	3,949.00
5.	Repair Maintenance and Improvement (RMI)	1,629.00	1,628.00	3,257.00
6.	Activity Fee	3,257.00	1,257.00	4,514.00
7.	Medical and Insurance	1,000.00	1,000.00	2,000.00
	Total	**38,696.00**	**28,493.00**	**67,189.00**

NB:

- All Trainees who will **NOT** apply for Government Scholarship, Loan and Bursaries will be required to pay a total of **Ksh.67,189.**

Other Payments;

a) Joining fee Kshs.2,000 payable on admission
b) Student welfare Kshs.900 per year
c) Trainees ID Kshs.300.
d) TVETA quality assurance Kshs.500 per year
e) KUCCPS registration Kshs.1,500 payable on admission
f) External practical examination material between Ksh.1,500 to Kshs.10,000 depending on the course and level
g) Accommodation fee Kshs.5,000 payable per term upon availability of space.

ALL fees is payable through **Bankers Cheque, Direct Deposit** to the institute's **Collection Account No:0630272454874, EQUITY BANK KAWANGWARE BRANCH.**

NO CASH SHALL BE ACCEPTED.

HELB loans/Bursaries and County Government Bursaries can be applied for.
NO CASH SHALL BE ACCEPTED.

LUCY ANAMPIU(MRS)
PRINCIPAL/BOG SECRETARY

TRAINEE'S PERSONAL DETAILS

SECTION I: TRAINEE'S PERSONAL DETAILS

Full name:

_____

Gender:_____Date of birth:_____Marital Status:_____

ID NO: _____ Mobile No: _____

PO BOX: _____Postal Code: _____ Email Address: _____.

County: _____Sub County: _____

Constituency:_____Division: _____

Location: _____ Sub-location: _____

Any disability: (YES/NO)_____ if yes (Mild/Severe)_____

Specify: _____

SECTION II: FAMILY DETAILS

Father's name: _____

ID NO: _____MOBILE NO: _____

Occupation: _____

Other source of income: _____

Is father alive?(YES/NO)_____(If no, attach evidence of death)

Mother's name: _____

ID NO: _____Mobile NO: _____

Occupation: _____

Other source of income: _____

Is mother alive?(YES/NO)_____(If no, attach evidence of Death)

Guardian's name: _____

ID NO: _____ Mobile NO: _____

Occupation: _____

ANY OTHER CONTACT PERSON

Name: _____

Relationship: _____

Mobile NO: _____

Occupation: _____

SECTION III: COURSE DETAILS

Course: _____

Duration: _____Level: _____

Fees payable per year Ksh. _____

SECTION IV: TRAINEE'S DECLARATION.

I confirm that the information is true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification.

Signature: _____ Date: _____

Name: _____

GENERAL REQUIREMENTS

UNIFORM
There is no uniforms for the institute. You are therefore advised to bring enough clothes for your daily wear.

MEALS
Meals will be provided on a Pay as You Eat (PAYE) Basis.

Note: The Institute's rules will be issued on admission and all students **MUST** abide by them.

DOCUMENTS
For successful Government Scholarship and Loan/Bursary application all Trainees **MUST UPLOAD** the following documents during their application on the Website (www.hef.co.ke):

(i) A valid Email Address

(ii) A valid telephone number (MUST be registered in your name to apply for a loan)

(iii) KCPE and KCPE Index numbers and year of Examination.

(iv) Passport size photo

(v) Copy of your National ID (For Loan Application)

(vi) College admission Letter

(vii) Your Parents' registered phone numbers

(viii) Your Parents' National ID number

(ix) Death Certificate (if any of the parent is deceased)

(x) Birth Certificate

(xi) Two Guarantors' (Can be your parents), ID numbers and Registered phone numbers

(xii) Copy of Sponsorship Letter if you are sponsored in Secondary School.

You will be required to bring the following **compulsory** documents on Admission:

1. Medical form duly filled **(page 5).**
2. Students' personal details form duly filled.
3. Original and **One** clear copy of your **KCSE** result slips or Certificate
4. Original and **One** clear copy of your **KCPE** Result slip or Certificate
5. A copy of your National ID card.
6. **A** copy of your **parent**(s)/**guardian** National ID card
7. **One** colored passport
8. A Copy of Birth certificate

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MEDICAL FORM

Note – To be filled by a registered medical practitioner from a Government hospital.

PAYMENT FOR THE MEDICAL EXAMINATION IS THE SOLE RESPONSIBILITY OF THE APPLICANT

NAME.....COURSE.....

ADM NO.....

1. Eyes and Vision

   Unaided Right _____ Left_____

   Aided Right _____ Left_____

   Colour blind_____

Visual field_____

2. Ears: Hearing Right ear_____ Left ear _____
3. Mouth and teeth _____
4. Nose: Is nose breeding habitual?

   Adenoids

   Throat _____

5 Lymphatic Glands _____

6. Heart;
7. Spinal Column
8. Chest

   With special reference to any tubercular tendencies

9 (a) Urine (For female Trainees please state if pregnant or not)

   (b) Feaces

10. Spleen. Piles and varicose veins
11. Liver

12 Any other weakness, defect or diseases. e.g Defects of speech local twitching or spams, chorea or nervous disorder, venereal diseases or rheumatic

13. General observation if care is desirable I any special direction please give particulars.

_____

Name and Signature: of the registered medical practitioner.

_____

Address

Telephone:_____

Date_____

Official Rubber Stamp.