



KIPSINENDE TECHNICAL AND VOCATIONAL COLLEGE
Ministry of Education
State Department of Vocational and Technical Training
P.O. BOX 28 - 20209,
FORT-TERNAN.



Tel: 0772498383/0721661791

E-mail: kipsinendetechnical@gmail.com Website: www.kipsinendemstitute.ac.ke

APPLICATION FORM FOR ADMISSION

Sur Name _____ Middle Name: _____ First Name: _____
 Gender: _____ Date of Birth: _____ Marital Status: _____
 Religion: (Tick one) Christian __, Muslim __, Hindu __, None Religious. Id No/Passport: _____
 Nationality: _____ Home County: _____
 Home District: _____ Home Town: _____
 Postal Address: _____ Postal code: _____ Town: _____ Country: _____
 Email: _____ First Mobile No: _____ Second Mobile No: _____

Course applied for: _____

The mean grade attain in the last exam: _____

KCPE Index No	Year	KCSE Index No	Year

Please attach copies of the following;

1. Academic and professional certificates i.e. form 4, std 8.
2. National ID card (both sides)/ National passport.
3. Birth certificate and leaving certificates.
4. Any other relevant certificates.

Sign: _____ Date: _____

For official use:

Received by: _____ Sign _____

Date _____

Recommended by: _____ Sign: _____

Recommendation: _____