MINISTRY OF EDUCATION

TSEIKURU TECHNICAL TRAINING INSTITUTE
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COURSE APPLICATION FORM

a) APPLICANT'S DETAILS

Surname……Middle name……..Last name…….
Marital status……I/D Number……
Contact address……Code……..Town…….
Cell phone……Sub County……..County…….
Ward…….Religion……Gender: Male……Female……...
Name of Pastor/Priest…….Cell phone……

b) PARENT/GUARDIAN/SPONSOR DETAILS

Father's name…….Cell phone…….
Contact address…….Work……

Mother's name…….Cell phone…….
Contact address…….Work……

Name of sponsor…….cell phone…….....
Contact address…….

c) ACADEMIC DETAILS

Primary School……..Year left…….
KCPE marks……Certificate number…….

Secondary School……..Year left…….
KCSE mean Grade……Certificate number……..

I……I/D Number……..do certify that the information I have given above is accurate and true. Sign…….date……

d) COURSE APPLIED FOR

Name of course…….

NB: Attach to this form copies of KCSE Certificate, National I/D Card, Leaving Certificate and Birth Certificate

e) For official use only

Is the student qualified for the course…Y/N……
Student was admitted in ……Duration……..
Registrar…….Sign……Date…….

Official stamp