



MINISTRY OF EDUCATION
STATE DEPARTMENT OF VOCATIONAL AND TECHNICAL TRAINING
EKERUBO GIETAI TECHNICAL TRAINING
INSTITUTE
P.O BOX 382-40500 NYAMIRA



Website: www.egtti.ac.ke
 E-Mail: ekerubogietaiti@gmail.com
 Telephone: 0757375102

DATE: _____

APPLICATION FORM

THIS FORM COMPRISES FOUR PAGES; PLEASE FILL ALL THE PAGES APPROPRIATELY

How did you know this institution? From radio friends/former student
 Newspaper other

COURSE APPLIED FOR: HIGHER DIPLOMA DIPLOMA CERTIFICATE
 ARTISAN

WRITE NAME OF COURSE _____

Mode of study (tick) Regular Holiday Part time

PERSONAL DETAILS

Student's full names as they appear in certificate and National Identification card (use block letters)

FULL NAMES: _____

National ID NO: Year of Birth Gender

Tel NO Home County

Constituency Ward

Home Address

Last School attended

SPONSOR/PARENT/GUARDIAN DETAILS

Full Name

Tel No.

Address

KCPE INDEX NO:

KCSE INDEX NO:

YEAR:

YEAR:

Applications for regular courses addressed to THE PRINCIPAL EKERUBO GIETAI TVC to be made on this form through post office or brought directly to the institution.

Please you **MUST** attach photocopies of:

- (i) Academic and professional certificate i.e. form 4, std 8, etc,
- (ii) National ID card (both sides)/ passport,
- (iii) Birth certificate,
- (iv) Any other relevant certificates,
- (v) A postal money order Kshs.1300 (non-refundable application fee addressed to EGTVC P.O BOX 382-40500 NYAMIRA.

Clearance from attachment office (for modular transfer or those proceeding for the next module only.

Rubber stamp and signature

STUDENT'S INFORMATION DATA FORM

A. PERSONAL INFORMATION

NAME OF STUDENT.....ADM NO:

NATIONAL ID NO:CLASS.....

DATE OF BIRTH (Date/month/year):.....MARITAL STATUS:

GENDER:STUDENT TEL NO:PO BOX:

SUB LOCATION:COUNTY:.....NEAREST MARKET:

AREA CHIEF:.....SUB CHIEF.....

CONTACT ADDRESS:

OTHER INFORMATION:

TICK THE MOST APPROPRIATE CATEGORY WHICH YOU BELONG.

- TOTAL ORPHAN PARTIAL ORPHAN YOUTH FROM POOR HOUSEHOL
- FEMALE YOUTH PURSUING SCIENCE& TECHNOLOGY OR ENGINEERING COURSES
- YOUTH WITH SPECIAL NEEDS (tick the most appropriate)
- Marginalized youth in Arid/Semi-arid Area Urban/rural slum Terminal and chronic illness of parent/guardian
- Blind, deaf, physically challenged, displaced e.t.c

B. SCHOOLS ATTENDED	FROM	TO	GRADE/POINTS OBTAINED
PRIMARY
SECONDARY
OTHERS

C. ARE YOU PRESENTLY EMPLOYED YES/NO (TICK APPROPRIATELY)

NAME OF EMPLOYER:ADDRESS:

WHO WILL BE PAYING YOUR FEES? SELF/PARENT/SPONSOR/GUARDIAN

NAME:.....ID NO:

ADDRESS:TEL NO:

D. DO YOU SUFFER FROM ANY SERIOUS DISEASE?

NAME OF THE DISEASE:

HOW OFTEN DOES IT ATTACK YOU:

WHERE WOULD YOU LIKE TO BE HOSPITALIZED WHEN YOU FALL SICK (Private Hospital/Guardian Hospital)

NAME OF HOSPITAL:

E. WHICH ARE YOUR HOBBIES /EXTRA CURRICULAR ACTIVITIES? :

.....

G. DECLARATION 1 (Names):

ID NO:DO HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS
TRUE TO THE BEST OF MY KNOWLEDGE.

RETURN THE COMPLETED FORM, ADMISSION LETTER AND ONE COLOURED PASSPORT SIZE PHOTOGRAPH TO THE
REGISTRAR'S OFFICE.

SIGNED: **DATE:**.....