



Republic of Kenya

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

Website: www.ekerubogietai.ac.ke E-Mail: ekerubogietaiti@gmail.com
Telephone: 0794519220/0723832618



EGTTI/APP/TAP

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: DIPLOMA CERTIFICATE
ARTISAN CBET

WRITE NAME OF COURSE _____

Mode of study (tick) Regular Holiday Part time

1. PERSONAL DETAILS

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

FULL NAMES: _____

National ID NO: Date of Birth (date/month/year):

Tel NO: Gender:

Email Address:

Home County: Location:

Sub Location: Village:

P.O.Box: Postal Code: Town:

Last School attended

2. PARENTS DETAILS

FATHER'S NAME MOBILE NO.

MOTHER'S NAME MOBILE NO.

3. SPONSOR/GUARDIAN DETAILS

NAME MOBILE NO

Applications for regular courses addressed to THE PRINCIPAL EKERUBO GIETAI TTI to be made on this form through post office or brought directly to the institution. Please you MUST attach photocopies of:

- (i) Birth certificate,
- (ii) KCPE Certificate
- (iii) KCSE Result Slip/ Certificate
- (iv) National ID card (both sides)/ passport,
- (v) Leaving Certificates
- (vi) 1 Passport
- (vii) Admission Fee of Kshs.1300 (non-refundable application fee Deposited to college account **A/C Name:** Ekerubo Gietai Technical Training Institute.
A/C Number: 1167884027 KCB NYAMIRA BRANCH

4. STUDENT'S INFORMATION DATA FORM

A.PERSONAL INFORMATION

NAME OF STUDENT.....
MARITAL STATUS:NEAREST MARKET:
AREA CHIEF:.....SUB CHIEF.....

OTHER INFORMATION:

TICK THE MOST APPROPRIATE CATEGORY WHICH YOU BELONG.

TOTAL ORPHAN PARTIAL ORPHAN YOUTH FROM POOR HOUSEHOLD
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 etc.

B. SCHOOLS ATTENDED

	NAME	FROM (Year)	TO (Year)	GRADE/MARKS
OBTAINED				
PRIMARY
SECONDARY
OTHERS

KCPE INDEX NO:

YEAR:

KCSE INDEX NO

YEAR

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

NAME OF EMPLOYER: ADDRESS:

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

NAME.....

MOBILE 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:**.....