TO PAY **KSHS. 500** FOR APPLICATION

THE KITALE NATIONAL POLYTECHNIC
P.O BOX 2162 -30200 KITALE
Tel No: 0721379304,020238008

Fix Coloured

Passport

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P.O BOX 2162 -30200 KITALE
Tel No: 0721379304, 020238008

E-mail address; knpregistry@gmail.com

DATE:.....

KUCCPS PLACED ☐

DIRECT APPLICANT ☐

NAME: .....

OTHERS ☐

RE: OFFER OF ADMISSION AND JOINING INSTRUCTIONS

We are pleased to inform you that you have been offered a place to pursue a

☐ 2 year Certificate course in ..... Modular ☐ Non Modular ☐
☐ 3 year Diploma course in.....Modular ☐ Non Modular ☐
☐ 2 year Artisan course in.....Modular ☐ Non Modular ☐
☐ 3 months GTT course in.....

In ..... Department.

Reporting date:

MAY INTAKE: 08/05/2019 **SEPTEMBER INTAKE: 10/09/2019**

CREDENTIALS AND OTHER REQUIREMENTS AT REGISTRATION

When reporting, bring the following documents without which you will not be registered:

- Letter of admission (original and a photocopy)
- FOUR COLOURED passport size photos.
- Your National ID card and a photocopy of each side. Two copies
- Originals and two photocopies of your academic(KCSE & KCPE) and school leaving certificates for verification.
- **Medical** report (Fill attached form)
- Original and photocopy of your birth certificate for verification (without which you will not be admitted)
- Equity Bank Account: The Government of Kenya embarked on a programme of subsidizing TVET training by giving a capitation of 30,000/= per year. For purposes of this capitation you MUST provide/open an account number with **EQUITY BANK**.
- Other requirements as per the demands of the course (see attached document).
- An active E-mail address.

In addition ensure you have adequate personal effects, Stationery, Beddings & mattress cover e.t.c.

Thank you for choosing The Kitale National Polytechnic

PRINCIPAL

REQUIREMENTS

1. **REQUIRED PAYMENTS**
   Fees is Paid as per the fees structure. (Refer to the fees structure attached.)
   ALL fees is paid through:
   BARCLAYS BANK
   ACC NAME: KITALE NATIONAL POLYTECHNIC
   ACC NO. 0038219650

NOTE CAREFULLY
In addition to having the minimum entry requirements for admission into respective programs, students must attain the stipulated contact hours and pass the internal exams in their respective courses - details of which are outlined in the ACADEMIC POLICY.

2. **HEALTH REQUIREMENTS**

Complete the medical form attached.
You should therefore present yourself to a registered medical practitioner who will complete the form so as to make it available by the day you report.
The college reserves the right to require a medical examination of any student any time during training.

3. CODE OF REGULATIONS

a) As a condition of admission you will be required to undertake in writing your commitment to the rules and regulations set out in this document, (copy attached) and abide by all rules and regulations for students at this college.
b) Lectures are mandatory unless with permission. The Academic Policy guides academic programs in the institution read carefully.

4. FINANCIAL ASSISTANCE
Poor and Needy Students will be assisted to apply for HELB LOANS.

5. **. PROGRESS IN TRAINING**
In order to retain your place in the polytechnic you will be required to maintain good academic standards.

6.BOARDERS

- Boarding is limited
- All boarders should book in advance.
- Space is available on FIRST COME FIRST SERVE basis
- All new students wishing to be boarders to make enquiries personally.
- Meals will be on Pay As You Eat basis. Meals fees is payable in KCB bank account No. **1128048566 Kitale**

NOTE:

- **The polytechnic shall provide HIGH DENSITY mattresses to all boarders. All boarders MUST come with a mattress cover. Note that no trainee will be allocated a bed without a mattress cover**

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KITALE Tel No: 0202380086

ADMISSION FORM:

This form must be completed properly and handed in by all students admitted in the Institute for record purposes:

1 a. Name ……Date of birth……

Age …….

b. Place of birth County …….....

District ……

Location …….…….

Sub-Location ……

Village ……..

Name of Chief…… ……..

2a.Father's/Guardian's/Sponsor's Name ……

Contact address …….

Phone contact (if any) …….

b. Is father alive? Yes/No …….

c. What is his occupation ……

d. His annual income in Pounds…….

3. a. Mother's Name: …….

b. Is she alive? (Yes/No) …… ……

c. What is her occupation? ……

d. Her annual income in pounds ……..

e. Her contact address……

Phone No. (If any)……..

Religious denomination……

Family Property…….

(a)Land……acres

(b) Coffee trees ……..

(c)Tea ……Trees

(d) Any other specify……

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DECLARATION FORM:

I……..…….…….ADM.NO……

Course/Class……do declare that I will abide by and comply to the college rules and regulations and the Academic policy.

Student's Sign …… ID.No …….Date……

&

Witnessed by the parent/Guardian/Sponsor

I ……. **ID.No**……

Being the parent (guardian) sponsor of ……

Adm.No……. Course…….

Have witnessed the declaration of the stated student and that I will endeavor to pay all termly fees in full as per prevailing fee structure and that the student will comply with all requirements laid down by the institute which may be issued by the polytechnic Administration from time to time.

Signature of parent…… Date…….....

Address of parent…….. Tel. No……

Home district……. Location……..

Chief's Name ……..

Ass.Chief's Name……

Registrar's Comments/remarks ……

…….

……..

Sign……. Date……

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MEDICAL REPORT:

NAME…… INDEX No……

Course to be undertaken……..……..

1. Eyes and Vision
   Unaided left-
   Unaided right-
   Colour blindness-
   Visual field-
2. Ear, Nose & Throat
   Is nasal breathing habitual
   Adenoids-p-
   Hearing voice-right &Left
3. Spinal column…….
4. Mouth & Teeth …….
5. Chest, Heart…….
   With special reference to any tubercular tendencies
6. Urine……..……
   Feaces……
7. Spleen, liver, Biles and varicose veins…… ……
8. Any other weakness, defect or disease e.g. defects of speech, incal twithing or spasm, chora or other nervous disorder, venereal diseases, or rheumatic teniency.
9. General observation ……
   If care is desirable in any special area give particulars (e.g. ulcers, asthma).
   The polytechnic will charge an annual medical fee of Kshs. 600/=
10. Any Physical challenges……..
    Signature……..Date: ……

Note: This form must be filled by a government county referral Medical officer