



THE KITALE NATIONAL POLYTECHNIC
P.O BOX 2162 -30200 KITALE
Tel No: 0721379304,020238008
0712549873

Fix Coloured

Passport



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

E-mail address; knregistry@gmail.com

DATE:

KUCCPS PLACED

NAME:

DIRECT APPLICANT

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 inModular Non Modular
- 1 year Artisan course inModular Non Modular
- 2 Year HND course in

In Department.

Reporting date:

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

JOHN AKOLA
PRINCIPAL

REQUIREMENTS

1. REQUIRED PAYMENTS

Fees is Paid as per the fees structure. (Refer to the fees structure attached.)

ALL fees is paid through:

Absa BANK (Formerly Barclays)

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**



THE KITALE NATIONAL POLYTECHNIC

P.O. BOX 2162, KITALE

TEL. 0202380086, 0721379304, 0780379304 Email: kitalenationalpolytechnic@gmail.com, knpreistry@gmail.com

FEE SUMMARY

VOTE HEAD	TERM ONE	TERM TWO	TOTAL
ACTIVITY	2,000.00	1,350.00	3,350.00
ELECTRICITY WATER AND CONSERVANCY	2,000.00	1,260.00	3,260.00
LOCAL TRANSPORT AND TRAVELLING	2,460.00	1,185.00	3,645.00
MEDICAL AND INDUSTRIAL ATTACHMENT	1,800.00	1,200.00	3,000.00
PERSONAL EMOLUMENTS	6,920.00	4,600.00	11,520.00
REPAIR MAINTAINANCE AND IMPROVEMENT	1,000.00	645.00	1,645.00
SUB-TOTAL SELF - KENYAN STUDENT ONLY	<u>16,180.00</u>	<u>10,240.00</u>	26,420.00
GOVERNMENT FEE SUBSIDY (TUITION)			<u>30,000.00</u>
TOTAL			<u>56,420.00</u>

- **BOARDING FEE APPLICABLE SHALL BE KSH 6000.00 PER TERM UPON RESERVATION OF THE BED & FULL PAYMENT OF TERMS FEE**
- **THE ABOVE FEE IS EXCLUSIVE OF THE EXTERNAL EXAM**
- **WITH THE IMPLEMENTATION OF THE NEW GOVERNMENT POLICY, FEE STRUCTURE IS EFFECTIVE FROM TERM ONE SEPTEMBER 2018.**
- **MEALS WILL BE ON PAY AS YOU EAT BASIS, MEALS FEE TO BE DEPOSITED IN KCB BANK A/C NO. 1128048566 OR PAYBILL NO.277758**
- **ALL FEES ARE PAYABLE TO Absa BANK A/C NO. 0038219650**

THE KITALE NATIONAL POLYTECHNIC
P.O BOX 2162 -30200
KITALE Tel No: 0202380086



Fix Coloured
Passport

ADMISSION FORM:

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

1 a. NameDate of birth.....

AgeGender.....

KCSE Index Number..... Year.....

KCPE Index Number..... Year

Religious Denomination.....

Trainee Telephone number.....

Email Address.....

b. Place of birth

Citizenship.....

County

District

Location

Sub-Location

Village

Name of Chief.....

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

b. Is father alive? Yes/No

Contact address

Phone contact (if any)

c. What is his occupation

3. a. Mother's Name:

b. Is she alive? (Yes/No)

Her contact address.....

Phone No. (If any).....

c. What is her occupation?

THE KITALE NATIONAL POLYTECHNIC
P.O BOX 2162 -30200
KITALE.

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.NoDate.....

&

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.....

**THE KITALE NATIONAL POLYTECHNIC
P.O BOX 2162 -30200
KITALE.**

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 office