

MINISTRY OF EDUCATION STATE DEPARTMENT FOR VOCATIONAL AND TECHNICAL TRAINING Fix Colored

Passport



THE KITALE NATIONAL POLYTECHNIC
P.O BOX 2162 -30200 KITALE
Tel No: 0721379304, 0712549873
Website: www.kitalenationalpolytechnic.ac.ke
E-mail address; knpregistry@gmail.com,
kitalenationalpolytechnic@gmail.com

ADMISSION LETTER

KUCCPS PLACED

	DIRECT APPLICANT	ΪÍ	
Name:			
Auminssion number:			
Date:			***************************************
RE: OFFER OF ADMI	SSION		
We are pleased to inform you	that you have been offered a pla	ace to pursue a:	
			Level 4

3-year Course in			Lovel 6
In			Department
Reporting Date:			• 300 744 80 544 80 60

REGISTRATION REQUIREMENTS

When reporting, bring along the following:

- i. Letter of admission (original and a photocopy)
- ii. Two Colored passport size photos.
- iii. Your National ID card and a photocopy of each side. Two copies
- iv. Originals and two photocopies of your academic (KCSE & KCPE) and school leaving certificates for verification.
- v. Medical report (Fill attached form)
- vi. Original and photocopy of your birth certificate for verification
- vii. Adequate stationery and other requirements as per the demands of the course (see attached document).
- viii. An active E-mail address.
- ix. Adequate personal effects. Beddings & mattress cover (institution will provide a mattress for boarders)

Thank you for choosing The Kitale National Polytechnic.

AKOLA JOHN OTIENO

CHIEF PRINCIPAL KITALE NATIONAL POLYTECHNIC

OTHER CONDITIONS

1. Fees Payment

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

ii. ALL fees are paid through:

ABSABank

Account Name: Kitale National Polytechnic

ACC NO. 0038219650

2. Health Requirements

i. Complete the medical form attached.

- ii. Present yourself to a registered medical practitioner who will complete the form so as to make it available by the day you report.
- iii. The college reserves the right to require a medical examination of any student at any time during training.

3. Code of Regulations

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 available on our website) and abide by all rules and regulations for students at Kitale National Polytechnic.

4. Progress in Training

- In order to retain your place in the polytechnic you will be required to maintain good academic standards.
- ii. In addition to having the minimum entry requirements for admission into respective programs, please note that lectures are mandatory. Students mustattain the stipulated contact hours and pass internal assessments in their respective courses. Details are outlined in the Academic Policy.
- iii. Trainees undertaking Engineering Programs but have not met the Minimum grade in mathematics and physics shall attend bridging courses in the Polytechnic.

5. Boarders

- i. Boarding Space is available on First-Come First Serve-basis
- ii. All boarders should book in advance by making inquiries through **0712549873**
- iii. Meals will be on Pay as you eat basis.





THE KITALE NATIONAL POLYTECHNIC P.O. BOX 2162, KITALE

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

TRAS

Introduction

Trainees joining the institution in September 2023 will pay fees as per the Government new funding model. Fess Payable will be Ksh 67,189 per year.

Fees Payment (Sources of Funding)

Following your placement in this institution, you are eligible for a Government Scholarship, Loanand Bursary to assist with your education expenses. If you need Government Financial support, you **MUST** make an application for considerations through the official website. **www.hef.co.ke.** In case the Government Scholarship, Loan and Bursary do not cover the entire cost of your programme, the deficit will be met by your parent /guardian.

Other Charges

Other applicable charges are as follows;

Item	
Application Fee	Amount
	500
	1500
Student ID	500
Boarding Fee (Optional)	500 6000
	Application Fee KUCCPS Placement Fee TVETA Quality Assurance Fee

REQUIREMENTS FOR APPLICATION FOR SCHOLARSHIPS AND LOANS

Successful application for scholarship and loans will require:

- Valid email address
- ii. Valid telephone number (must be registered in your name to apply for a loan)
- iii. KCPE and KCSE index numbers and Year of Examination
- iv. Passport size photo
- v. Copy of your National ID (for loan application)
- vi. College admission letter.
- vii. Your parents registered telephone number
- viii. Your parents national ID number
- ix. Death certificate if any of your parent is deceased and registered telephone numbers.
- x. Your birth certificate
- xi. Two guarantors (Can be your parents) ID numbers and registered telephone numbers (for loan application)
- xiii. Copy of the sponsorship letter if you were sponsored in secondary school.

NB: Visit www.hef.co.ke. to apply. Deadlinefor September 2023 intake applications is 27th/8/2023. This service is will be offered at the Polytechnic free of charge.

011/10 12 30200.



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

Fix Colored Passport

ADMISSION FORM:

ADMISSION FORM	T with to for record
This form must be completed properly and handed purposes:	in by all students admitted in the Institute for record
	Voor
Date of hirth:	No:
KCSE Index	Number:
And the second s	1ed
Dit Annligant)	Offier Organizations:
Program Name:	
(e.g., Medical Engineering level 6)	Email Address:
Citizens	hin'
Place of birth:	Sub-Location:
Sub-county: Location:	Jub Eddate
Village Name of your Chief: Disability/Medical Condition:	***************************************
Disability/Medical Condition:	
2. Parent's/Guardian's details:	Telephone No
Emergency Contact Name:	= 4 Advect
	Fmail Audiess
0.14 /01-	Contact address
	What is his occupation.
Mother's Name:	
Line contact address.	
No (if and)	VIIde is ner occupation
Student Signature:	ate:





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

DECL	AD	ATT	MO	FO	DM.

I	ADM.NO:	
Course/Class	do declare that I will abide by and comply to	the
Polytechnic rules and regulation	and all other institutional policies.	
Student's Sign	ID No Date	
	&	
Wi	nessed by the parent/Guardian/Sponsor	
I	ID. NoBeing 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
	sued by the Polytechnic Administration from time to time.	
Signature of parent	Date	
	Tel. No	
County	Sub-county	
	Sub-location	
Chief's Name		
Assistant Chief's Name		
Registrar's Comments/remarks		
Sign	Date	





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

MEDICAL	REPORT:		

NAME...... INDEX No.....

Color blindness-

Unaided right-

Spinal column

Visual field-

Ear, Nose & Throat
 Is nasal breathing habitual
 Adenoids-p Hearing voice-right &Left



J.	Spirial Column.
4.	Mouth & Teeth
5.	Chest, Heart
	With special reference to any tubercular tendencies

6. Urine.....

7. Spleen, liver, Biles and varicose veins.....

Feces....

- 8. Any other weakness, defect or disease e.g. defects of speech, incaltwithing or spasm, chora or other nervous disorder, venereal diseases, or rheumatic teniency.

10. Any Physical challenges.....

Signature......Date:

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