



P.C KINYANJUI TECHNICAL TRAINING INSTITUTE
“MOTTO: EXCELLENCE IN TECHNOLOGY”
P O BOX 21280-00505, NAIROBI
TEL: 0721480199, 0773829417
ISO 9001:2015 CERTIFIED



Email: info@kinyanjuitechnical.ac.ke Website: www.kinyanjuitechnical.ac.ke

RE: ADMISSION LETTER

NAME: _____

DEPARTMENT: _____

I am pleased to inform you that you have been offered a place in _____

This course takes _____ Month/Years

You are expected to report on

If you will not have reported byyour place will be taken by another needy applicant.

I. REQUIREMENTS ON ADMISSION

1. You are required to pay Ksh.

Fees on admission – Please see the Fees Analysis

II. ORIGINAL DOCUMENTS

The following documents will be required for verification on final admission.

- **Original KCSE & KCPE Result slip or certificate**
- **Original leaving certificate**
- **Two passport size photographs recently taken**
- **National ID and its Photostat copy (Persons under 18 years exempted)**
- **Birth Certificate**

2. Departmental requirements: Every department has its own specific requirements relevant to the demands of the course. These are provided separately by the concerned department.
3. This Admission Letter

II. NATURE OF THE INSTITUTE

P. C. Kinyanjui Technical Training Institute is a Government owned Institution. There are **limited** accommodation spaces in the hostel for both male and female students within the Institute. Meals are available for sale in the Institute Canteen. It is estimated that Ksh.120.00 would be sufficient for a day assuming: Breakfast at Ksh.20.00, Lunch at Ksh.50.00 and Dinner at Ksh.50.00.

III. LOCATION

The Institute is located in Nairobi County, Dagoretti Sub-County, Riruta Satellite along Kabiria Road.

IV. FEES STRUCTURE

1. Fee Structure – September 2018

VOTE HEAD	PER MODULE (Kshs.)
Tuition	660.00
Personal Emoluments	11,520.00
Electricity, Water & Conservancy	3,260.00
Travel & Transport	2,985.00
Repairs, Maintenance & Improvement	1,645.00
Activity Fees	3,350.00
Industrial Attachment including Insurance	<u>3,000.00</u>
Total	<u>26,420.00</u>

The fee is payable in a maximum of Three (3) Installments of Ksh. 8,807.00. One can borrow from HELB

2. Charges payable once on admission

Development	8,600.00
Admission	1,800.00
Caution Money	1,000.00
Institute's T-Shirt	400.00
Student Council	600.00
Students ID	<u>300.00</u>
Total	<u>12,700.00</u>

3. Boarding charges (Optional) Ksh. 5,000.00 per term

4. Practical Materials Fee Ksh. 3,000.00 per term payable by Hospitality Courses only

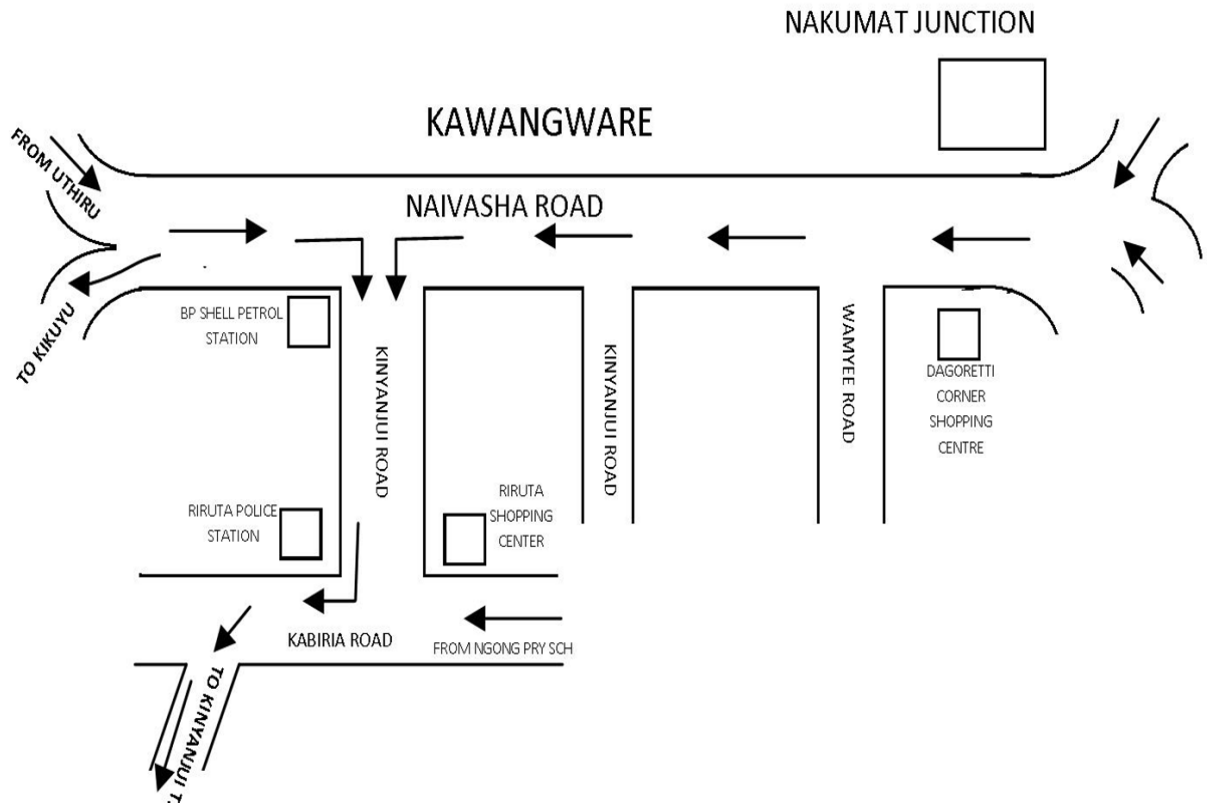
5. External Practical Examinations Ksh. 1,000.00 per module

6. Examination Fees shall be as per the various examining body guidelines

Please pay in Bankers Cheque or deposit cash at any Co-operative Bank (P C Kinyanjui Technical Training Institute) A/C No. 01120081068500 or any Equity Bank A/C No. 0630272454874 Kawangware Branch or use Mpesa Pay Bill No.400222. Include student's Admission Number and Name. **(Go to Mpesa, Paybill, Business No. 400222, Account No. 30163 #ADM NO, AMOUNT, MPESA PIN)**

Sammy K. Waititu
PRINCIPAL

V. HOW TO REACH US



VI. RULES AND REGULATIONS

In every Institution there must be rules and regulations to guide the students and inculcate moral and responsible attitude in them. The following rules and regulations are not exhaustive and common sense and personal judgment is called for.

1. **Attendance:** All students are supposed to attend all lectures as per the timetable to be eligible for exam registration. Irregular attendance will result in a student being awarded a CNC results. Punctuality must be observed at all time.
2. **Behaviour:** To promote good human and public relations all students must be courteous to staff, colleagues and visitors.
3. **Attire:** all students should be dressed in a respectable manner that reflects responsible and mature students.
4. **Smoking and consumption of alcoholic drinks:** Anyone found under the influence of alcohol or drugs will be dealt with firmly.
5. **Loss and Damages:** Students are expected to care for college property at all times. Students will be charged for any loss or damage of institute property.
6. **Academic performance:** Students who constantly perform poorly will be closely monitored. If no improvement is registered they will be discontinued.
7. **Security:** The institute will take the necessary measures to maximize security in the institute. However, it is the responsibility of individual students to ensure safety of his/her personal belongings. `
8. **Discipline:** All discipline cases will be dealt with in accordance with the Institute Disciplinary Procedures
9. **Fees Payment:** Payment of fees (Tuition examination and boarding) must be paid in full to the schools account. Official receipts should be obtained for all payments.

I

Adm. No:

Will abide with the above rules and regulations

Sign:

Date :.....

VII. PERSONAL DETAIL FORM

PERSONAL PARTICULARS

SURNAME: OTHER NAMES:

SEX: ID NO:

DATE OF BIRTH:

NATIONALITY:

LOCATION:

DISTRICT COUNTY

MOBILE NO:

MARITAL STATUS

NAME OF THE SPOUSE IF MARRIED:

NAMES AND ADDRESS:

MOBILE NO:

LAST SCHOOL ATTENDED AND ADDRESS

.....

.....

KCPE GRADES/ INDEX NO/YEAR:

KCSE GRADES/ INDEX NO/YEAR:

PARENTS/GUARDIAN'S/SPONSOR'S NAME

.....

P O BOX:

MOBILE: TEL. LANDLINE:

NATIONALITY

SUB-LOCATION LOCATION:

DIVISION: DISTRICT:

COUNTY:

IF ORPHANED STATE WHETHER PARTIAL OR FULL.....

CHILDREN BELOW 18 YEAR

.....
.....
.....
.....
.....

CHILDREN IN OTHER COLLEGES

.....
.....
.....
.....

DO YOU SUFFER FROM ANY CHRONIC AILMENT OR DISABILITY THAT REQUIRES ATTENTION?
YES/NO

IF YES BRING A LETTER FROM YOUR DOCTOR

I DECLARE THE ABOVE INFORMATION TO BE TRUE

SIGNATURE: DATE:

DATE OF ADMISSION: ADM NO:

COURSE:

P.C KINYANJUI TECHNICAL TRAINING INSTITUTE
P O BOX 21280-00505, NAIROBI

VIII. MEDICAL REPORT FORM

You are asked to fill in all details in part A and B. Part C should be filled by a qualified health practitioner preferably in a recognized hospital. The completed form should be handed in during Registration.

PART A- PERSONAL DETAILS

a) Surname: _____ Other names: _____
Date of Birth: _____ Sex: _____
Department: _____ Admission Number: _____ Tel. No: _____
Name, Address and Telephone No. of parent/Guardian: _____

Next of Kin: _____
Address and Telephone No: _____

PART B- MEDICAL HISTORY

a) Have you ever been admitted into a hospital? Yes/No. If so, state reason for admission and date

b) Have you had any of the following illnesses?

- | | | |
|-------|---|--------|
| (i) | Tuberculosis or other chest infections | Yes/No |
| (ii) | Fits, Nervous disease or fainting attacks | Yes/No |
| (iii) | Heart disease or Rheumatic fever | Yes/No |
| (iv) | Allergies to food or drug | Yes/No |
| (v) | Any other _____ | |

If the answer to any of the above is Yes, Please give details on period of treatment or hospitalization or mode of management recommended e.t.c.

c) Give any other details of your medical history _____

d) Has any member of your family suffered from:

- | | | |
|------|---------------------|--------|
| (i) | High blood pressure | Yes/No |
| (ii) | Diabetes | Yes/No |

e) Have you been immunized against the following disease?

- | | | |
|-------|----------------|---------------------|
| (i) | Small Pox | Yes/No – Date _____ |
| (ii) | Tetanus | Yes/No - Date _____ |
| (iii) | Polio mellitus | Yes/No - Date _____ |

Student's signature: _____ Date: _____

PART C – TO BE FILLED BY THE MEDICAL OFFICER.

a) Height _____ Weight _____

b) Visual Acuity

Without Glasses R6/ _____ L6/ _____

With Glasses R6/ _____ L6/ _____

c) Hearing Right ear _____ Left ear _____

d) Condition of Teeth _____

Nose _____

Throat _____

e) Lymphatic Glands _____

Circulation System _____

Blood Pressure _____

Systolic _____ Diastolic _____

f) Respiratory System _____

g) X-ray chest if necessary _____

h) Urine _____ Albumin _____

Sugar _____

Abdomen _____

Spleen _____

Any evidence of Hernia _____

Any evidence of Hemorrhoids _____

Any observable defects in addition to general record of observation. Please specify

Name of Medical officer _____

Hospital _____

Address and Telephone _____

Signature _____ Date _____

Official Rubber Stamp _____

PART D – FOR OFFICIAL USE ONLY

Special Remarks _____

Name of Dean/Matron/Clinical Officer _____

Signature _____ Date _____

Official Rubber Stamp _____