



# KABETE TECHNICAL TRAINING INSTITUTE

P. O. Box 29010 - 00625  
KANGEMI - KENYA  
KENYA.

TEL: 020-2021194  
020-2445553  
0713-338683



Our Ref: KTTI/GEN/RO/APP.F/001/01

Date:.....

## APPLICATION FORM FOR ADMISSION TO CERTIFICATE AND DIPLOMA PROGRAMMES

A copy of this form should be completed and returned/sent to the Registrar. The form should be typed or completed in block letters. Attach a copy of result slip/certificate, a copy of leaving certificate and a copy of the national ID card.

### SECTION A - Course Application Details

(i) Name of Certificate/Diploma course applied for .....

### SECTION B - Applicant's Personal Details

(i) Name .....

(Surname) (Other names in full)

(ii) Postal Address ..... Postal Code.....

Town/City..... County.....

Phone..... Fax..... E-mail.....

(iii) Date of Birth (DD/MM/YYYY) ..... Male /Female.....

Marital Status..... Religion.....

Nationality..... National ID ..... Passport No.....

(iv) Name of Next of Kin ..... Relationship .....

Postal Address ..... Postal Code.....

Town/City..... County.....

Phone..... Fax..... E-mail.....

(v) Emergency contact .....

Postal Address ..... Postal Code.....

Town/City..... Country.....

Phone (office)..... Phone (mobile)..... E-mail.....

**SECTION C - Applicant's Education Details**

Please fill in the table by listing all the secondary schools and colleges attended;

Secondary School and College Attended	Address of School/College	Period of Study		Qualification	Index No
		From	To		

**SECTION D - Applicant's Form Four Leaving Certificate comments**

Ability	
Industry	
Conduct	

**SECTION D - Applicant's Declaration**

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Name of Applicant in full .....

ID/Passport No .....Date ..... Signature .....

**SECTION E - Evaluation of Applicant (for official use only)**

(i) Application form received Signed .....Date .....  
(Registry Staff)

(ii) Recommendation by Department Accepted [ ] Head of Department .....  
Rejected [ ] Signed.....Date:.....

(iii) Approved by the Registrar

Signed ..... Date and stamp .....