

MINISTRY OF EDUCATION
STATE DEPARTMENT OF VOCATIONAL EDUCATION AND TECHNICAL TRAINING
KAREN TECHNICAL TRAINING INSTITUTE FOR THE DEAF

P.O Box 24785– 00502 Nairobi.
 . E-mail: kttid2007@yahoo.com

. Cell: 0722677859 or 0721118356
 . Website: www.kttideaf.ac.ke

APPLICATION FORM FOR ADMISSION

Application Procedure

1. Complete this Application Form.

For Official Use Only
SERIAL NO: <input style="width: 60px; height: 20px;" type="text"/>

SECTION A: PERSONAL DATA

SURNAME:		OTHER NAMES:			
PASSPORT/ID NO:		DATE OF BIRTH	DAY	MONTH	YEAR
COUNTY:					
POSTAL ADDRESS:			TEL/CELL NO:		E-MAIL:

GENDER (Tick appropriately) MALE: FEMALE:

COURSE APPLIED FOR:				
K.C.S.E MEAN GRADE:	MODE OF STUDY (Tick appropriately)	FULL-TIME: <input type="checkbox"/>	PART-TIME: <input type="checkbox"/>	EVENING: <input type="checkbox"/>
INTAKE PERIOD (Tick appropriately)		JANUARY: <input type="checkbox"/>	MAY: <input type="checkbox"/>	SEPTEMBER: <input type="checkbox"/>

SECTION B: ACADEMIC PROFILE

LIST PREVIOUS INSTITUTIONS/SCHOOLS ATTENDED

	INSTITUTION/SCHOOL NAME	ADDRESS	FROM		TO	
			MONTH	YEAR	MONTH	YEAR
1.						
2.						

SIGNATURE:.....

DATE:.....

1. Attach Photocopies of KCSE Certificate, School Leaving Certificate, National Identity Card and Birth Certificate.
2. A Non-Refundable Application Fee of KShs. 300.00 should be paid at the institutes' Finance Office.
A receipt for the payment made must accompany your application.
3. Send or hand delivers this Application Form to:

PRINCIPAL
 KAREN TECHNICAL TRAINING INSTITUTE FOR THE DEAF
 P. O. Box 24785-00502, NAIROBI