



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

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VISION: *A Centre of Excellence in Integrated Technical and Vocational Education and Training for the Hearing Challenged and the Hearing*

APPLICATION FORM FOR ADMISSION

Application Procedure

1. Complete this Application Form

For Official Use Only
SERIAL NO: <input style="width: 100px; 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:		EMAIL:	

GENDER (Tick appropriately) MALE: FEMALE:

STATUS (Tick appropriately) HEARING IMPAIRED: HEARING: OTHER:

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 Fees of Kshs. 300.00 should be paid at the Institute's Bank Account.
A receipt for the payment made must accompany your application.
3. Fees Payable in Advance before Registration by:
Cash Deposit to our **Account No: 1228336 at ABSA BANK - KAREN BRANCH, NAIROBI.**
4. Send or hand deliver this Application Form to:

PRINCIPAL

KAREN TECHNICAL TRAINING INSTITUTE FOR THE DEAF

P.O Box 24785 - 00502, NAIROBI