

ALDAI TECHNICAL TRAINING INSTITUTE

TEL: 0700746828
EMAIL: aldaitti@gmail.com



P.O BOX 149, 30305
KOBUJOI

LETTER OF ADMISSION

DATE: 20.....

NAME			
DEPARTMENT			
COURSE			
MODE OF STUDY			
LEVEL		DURATION	

Your application for the above course was successful. You are required to register on....., and not later than and hence commence studies.

REQUIREMENTS

1. FEES PAYMENT

You will be required to pay fees on arrival as indicated in the attached fees structure. Fees should be paid to **ALDAI TECHNICAL TRAINING INSTITUTE**, by mode of:

- [a] Crossed money order payable at Kobujoi post office.
- [b] Bank certified cheques or;
- [c] Pay slips for cash deposits into Account Number; **1169 -120 -555** (KCB) Kenya commercial bank Kapsabet Branch. **STRICTLY NO CASH.**

2. GENERAL REQUIREMENTS

(a) ALL STUDENTS

- ✓ Two recent passport size photographs (Not photo me)
- ✓ Certified Medical Certificate (as per attached form)
- ✓ Photocopy of ALL academic certificates
- ✓ Original Certificate/Testimonials for confirmation and return.
- ✓ Adequate writing materials.
- ✓ One spring file folder
- ✓ 1 Rm Printing Papers

(b) BOARDING REQUIREMENTS (A MUST)

1. Mattress 3` x 6 (Blue)
2. Blanket
3. Bed sheets
4. A Cup, Plate, fork and Spoon
5. Personal effects

(c) REQUIREMENTS FOR ENGINEERING STUDENTS:

1. Drawing Instruments .e.g

- T- square
- Rot-ring set
- Set Square 30°, 90°, 45°, 60°
- Protractor 360°
- Steadler Rubber
- Pencils HB, 2H, 2B
- Masking tape

2. Workshop safety clothing e.g

- Overall
- Safety Boots
- Gloves

3. Additional requirements for Survey Students

- SMP Advanced Tables
- Scientific Calculator 10 digits (ES –fx-570ms)
- French Curves
- Drawing Set
- Triangular Scale (with scales 1:500, 1:1000, 1:2500)
- 360° Circular Protractor (15cm Diameter)
- Dust coat/field coat (white)

3.CHANGE OF COURSE

Students admitted have 14 days from the commencement date of the programme to apply for change of course.

4.INSTITUTE ACCESS

The institute is located along **Kobujoi** – Serem Road, off at Kamimei Shopping Centre about 3 Kilometres down to **Kemeloi** between **Health** centre and **Kemeloi Boys Secondary School**.

I wish a safe journey to (Aldai –Kemeloi) and good success in your studies. Welcome ALL.

5.APPLICATION FORM FOR ADMISSION

Surname.....Middle Name.....First Name.....

GenderDate of Birth.....Marital Status.....

Religion (Tick one) Christian Muslim Hindu Non Religious ID No. Passport.....

Nationality.....Home County.....

Home District.....Home Town.....Country.....

Postal Address.....Postal Code.....Town.....Country.....

EmailFirst Mobile No.....Second Mobile No.....

Course to apply for:

The mean Grade attained in the last exam:

Sign.....Date.....

For official use only:

Received by:..... Date Sign

Recommended by:..... Date Sign

6.STUDENTS MEDICAL CERTIFICATE

NOTE: Application for entry to the Institution MUST get this form completed by a REGISTERED DOCTOR.

Name of Student.....County.....

1	Eyes and Vision Unaided Right – Left Aided Right – Left Colour blind Visual field	
2	Nose and Throat Is Nasal Breathing Habitual? Adenoids	
3	Ears: Hearing Voice – Right - Left	
4	Mouth and Teeth	
5	Glands in the neck	
6	Chest, Heart, Lungs – with reference to any tubercular tendencies	
7	Spinal Column	
8	Urine, Stool	
9	Spleen, Liver Piles and varicose veins	
10	Any other weakness, defects or disease defects or skin, venereal, or Rheumatic tendency	
11	General observations: If care is desirable in any special direction. Please give particulars.	

NAME AND RUBBER STAMP OF REGISTERED DOCTOR.....

ADDRESS.....TOWN.....

DATE.....SIGNATURE.....

NB: The institution offers only First Aid treatment to students at Kemeloi Health Centre. In case of ANY referral, the cost of treatment shall be passed over to the parent / guardian.

DATA CAPTURE FORM –STUDENTS

Student Name.....Adm No.....
Course.....Phone No.....
Date of Birth.....Male/Female.....
Nationality.....ID No.....
Name of county.....Location.....
Sub-Location.....Home Address P.O Box.....Town.....
Email Address.....

SECTION 2 COMPLETE EMPLOYERS / SPONSOR IF APPLICABLE.

Name.....
Address.....Town.....
Phone No.....
Extension No.....

SECTION 3 PARENT /GUARDIAN

Parent /Guardian name.....
Home Address P.O Box.....Town.....
Phone No.....
Email Address.....

Signature.....

Date

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FEES STRUCTURE FOR ACADEMIC YEAR 2018 - 2019

	VOTEHEAD	TERM 1	TERM 2	TOTAL
1	TUTION	15,240.0	10,566.0	25,806.0
2	P.EMOLUMENTS	5,760.0	5,760.0	11,520.0
3	E.W.C	900.0	900.0	1,800.0
4	CONTIGENCIES	585.0	585.0	1,170.0
5	L.T & T	1,500.0	1,500.0	3,000.0
6	R.M.I	1,200.0	1,200.0	2,400.0
7	ACTIVITY	1,500.0	1,500.0	3,000.0
8	MEDICAL	450.0	450.0	900.0
9	STUDENT UNION	300.0	300.0	600.0
10	ICT FEES	600.0	600.0	1,200.0
11	ATTACHMENT	-	2,000.0	2,000.0
12	INSURANCE	474.0	-	474.0
13	LIBRARY	525.0	525.0	1,050.0
14	DEVT. FUND	1,500.0	-	1,500.0
	TOTAL FEES	30,534.0	25,886.0	56,420

NOTE:

1. All new students to pay **Ksh. 1000** caution money and **Sh. 200** registration Fee.
2. Limited accommodation available at **sh. 10, 800** per term inclusive of meals.
3. All fees Must be deposited to Kenya Commercial Bank Kapsabet Branch A/c Number **1169 120 555** or by bankers cheques or money orders payable at Kobujoi Post Office. **STRICTLY NO CASH.**
4. Fee payment can also be paid via Mpesa **KCB Lipa Karo**

BUSINESS NO: **522 123**

ACCOUNT NO: **52632K/Name/Admission Number (without spacing)**

5. GOVERNMENT CAPITATION

The Total Fee per Year is **Kshs. 56,420**, of the Total Fee, the government will pay **Kshs. 30,000** for each **KUCCPS** student. The balance of **Kshs. 26,420** shall be **paid directly by the parent** to the Institution or may be raised by **applying for a loan from Higher Education's Loans Board(HELB)**.


JUSTUS H.K. KOSGEI
CHIEF PRINCIPAL


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