**Date:…../…../…….**

**ALDAI TECHNICAL TRAINING INSTITUTE LETTER OF OFFER**

 **Dear……………………………………………………**

 **APPLICATION FOR …………………………………………………………………………………….**

I am pleased to inform you that your application for the above course has been successful and the details of the course are as follows.

**\*LAST\* REGISTRATION DATE 24th September, 2021**  **FIRST SEMISTER START Date 6th September, 2021**

YOU MUST REGISTER AND PAY THE FEES FOR THIS COURSE \* BEFORE \* THE LAST REGISTRATION DATE OR YOUR PLACE WILL BE OFFERED TO ANOTHER CANDIDATE.

**1. GENERAL REQUIREMENT**

1. **ALL STUDENTS TO COME WITH:**
* Two recent passport size photographs (Not photo me)
* Certified Medical Certificate (as per attached form)
* Copies of Academic Certificates and Originals for Certification and Confirmation(KCSE, KCPE, Birth Certficate and ID)
* Adequate writing materials.
* One spring file
* One ream of photocopy papers
1. **REQUIREMENTS FOR ONLY BOARDING STUDENTS: (A MUST)**
2. Mattress 3`` x 6 (Blue)
3. Beddings
4. A Cup, Plate, fork and Spoon
5. Personal effects

**2. INSTITUTE ACCESS**

 The institute is located in **Nandi County,** Nandi South Sub-County along **Kobujoi -** Serem Road, off

 Kamimei Shopping Centre about 3 Kilometres down to **Kemelo**i between **Health** centre and **Kemeloi**

 **Boys Secondary School.** I wish you a safe journey to (Aldai - Kemeloi) and good success in your

 studies. **Welcome ALL.**

****

**LUKUYU MOSSOP SALLIE**

**PRINCIPAL/SECRETARY BOG**

**3. REQUIREMENTS:**

* 1. **FEES PAYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/NO** | **VOTE HEAD** | **ANNUAL FEES** |  **TERM ONE** | **TERM TWO** |
| **GoK** | **STUDENT** | **GoK** | **STUDENT** |
| 1 | TUITION | 30,480 | 12,820 | 5,120 | 8,546 | 3,994 |
| 2 | P.EMOLUMENT | 11,520 | 1,600 | 5,132 | 1,072 | 3,716 |
| 3 | E.W.C | 3,260 | 1,230 | 720 | 830 | 480 |
| 4 | L.T&T | 2,985 | 590 | 1,100 | 395 | 900 |
| 5 | R.M.I | 1,825 | 735 | 360 | 490 | 240 |
| 6 | ACTIVITY | 3,350 | 930 | 860 | 620 | 940 |
| 7 | ATTACHMENT& MEDICAL | 3,000 | 142 | 2,558 | 0 | 300 |
|  | TOTAL(Ksh.) | 56,420 | 18,047 | 15,850 | 11,953 | 10,570 |

**NOTE**

* All new students to pay, **Ksh.500** Registration Fee, **Ksh.500** Round Neck Branded -Shirt and **Ksh.250** for College ID
* Limited accommodation available at K**sh.10,800** per term inclusive of meals.
* All fees Must be deposited to Kenya Commercial Bank Kapsabet Branch **A/c Number 1169120555** or by bankers cheques or money orders payable at Kobujoi Post Office. **STRICTLY NO CASH.**
* FEE payment can also be paid via M-Pesa Pay BillBUSINESS No**: 522123**

ACCOUNT No**: 52632K/Name**

* TRAINEES SITTING FOR EXTERNAL EXAMINATIONS (**KNEC, KASNEB, NITA OR TVET CDACC**) SHALL CLEAR ALL THE FEES BEFORE REGISTRATION.
* Trainees who have **NOT** Applied for KUCCPS Placement will be required to pay Additional of **Ksh**. **1,535** Placement fee.
* Any trainee who does not apply for placement will pay **Ksh. 56,420** annually.
* All new trainees must pay **TERM I FEES** on or before reporting.

**GOVERNMENT CAPITATION**

The Government pays **Ksh.30, 000** for each KUCCPS placed trainee. The balance of Ksh.26, 420 shall be paid directly by the parent/guardian to the Institution, Bursaries or may be raised through application of HELB TVET loan.



**LUKUYU MOSSOP SALLIE**

**PRINCIPAL/SECRETARY BOG**

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 **(c) BUILDING AND CIVIL ENGINEERING DEPARTMENT**

 **Additional Requirements for Students:**

**2. Survey Students**

* SMP Advanced Tables
* Scientific Calculator 10 digits (ES –fx-570ms)
* French Curves
* Rot ring Set
* Triangular Scale (with scales 1:500, 1:1000, 1:2500)
* 360o Circular Protractor (15cm Diameter)
* **White -** Dust Coat
* Gloves (Normal)
* Portable drawing board
1. **Building and Civil Engineering**

 Drawing Instruments e.g.

 - T- square

 - Rot-ring set

 - Set Square 30o, 90o, 45o, 60o

 - Protractor 360o

 - Steadler Rubber

 - Pencils HB, 2H, 2B

 - Masking tape

 - Scientific Calculator –

 - **Navy Blue** Dust Coat

 - Safety Boots (normal

 - Gloves (normal)

 -Trowel

 - Portable drawing board

**2.** **Electrical & Electronics Engineering Students**

* Pliers
* Phase Tester
* Screw Drivers (combined Star & flat)

**- Royal Blue** - Dust Coat

 - Safety Boots (normal

 - T- square

 - Tracing Pens Size (0.3mm,0.4mm & 0.5mm)

- Portable drawing board

**3.** **SECRETARIAL STUDENTS REQUIREMENTS**

* 4- Shorthand note pads
* 1 ream photocopying paper
* 6- 110HB pencils
* 2- Rewritable CD’s

**Text Books**

* Shorthand anniversary edition by Pitman
* Shorthand dictionary
* Keyboarding and document processing
* Office practice by Gichera
* Commerce Simplified by Saleem
* Communication Skills by Saleem
* Financial Accounting by Saleem

**4. CHANGE OF COUR SE**

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

 of course.

**5. INSTITUTE ACCESS**

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 studies. **Welcome ALL.**

**6. APPLICATION FORM FOR ADMISSION**

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

Gender ………………….... Date of Birth…………………………. Marital Status…………………….…

Religion (**Tick one**) Christian Muslim Hindu Non-Religious

ID No. ……………………………………… Passport………………………………….........................

Nationality……………………………………Home County………………………………………………

Home District…………………………… Home Town …………………………………………………...

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

Email ……………………. First Mobile No………………………. Second Mobile No……………………\

Course to apply for:

 ………………………………………………………………………………………………….

The mean Grade attained in the last exam: ……………………………………………………………….....

Signature: ………………………………………. Date……………………………………………………

**FOR OFFICIAL USE ONLY:**

Received by: …………………………………… Date: ……………… Sign …………………………

Recommended by: …………………………….. Date: ……………….. Sign …………………………

7. **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 VisionUnaided Right – LeftAided Right – LeftColour blind Visual field |  |
| 2. | Nose and ThroatIs Nasal Breathing Habitual? Adenoids |  |
| 3. | Ears: Hearing Voice – Right* Left
 |  |
| 4. | Mouth and Teeth |  |
| 5. | Glands in the neck |  |
| 6. | Chest, Hearth, Lungs – with reference to any tubercular tendencies |  |
| 7. | Spinal Column |  |
| 8. | Urine, Stool |  |
| 9. | Spleen, LiverPiles and varicose veins |  |
| 10. | Any other weakness, defects or disease defects or span, 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 First Aid treatment to students at Kemeloi Health Centre. In case of **ANY**

Referrals, the cost of treatment shall be passed over to the parent/guardian.

* In case of any referrals, I am prepared to pay the hospital charges for my Son/daughter to be admitted to: (Tick appropriately)

a) Kobujoi Mission Hospital near the institute and ensure that my NHIF Card is updated and captures the student as a beneficiary.

b) Any other (Specify)……………………………………………………………….. The parent to take up immediate responsibility.

**Parent**

Signature ………………. Date: ……………Phone Number…………………Address………………

**8. DATA CAPTURE FORM - STUDENTS**

Student Name: ……………………………………. Adm No: …………………………………………...

Course: ……………………………………………………………. Phone No: …………………………

Date of Birth: ………………………………... Gender: ……………………………………………..........

Nationality: ……………… ID No: ……………………KCSE Index No: ……………………………...

KCPE Index No: ……………………………… Birth Certificate No: …………………………………….

Name of county: ………………………………… Location: ……………………………………………

Sub-Location: ……………………… Home Address P.O Box: ………………… Town………………

Email Address…………………………………………………………………………………….

Marital status: Married YES NO If **YES** Indicate the spouse contact Mobile………………

**SECTION 2: COMPLETE EMPLOYERS / SPONSOR IF APPLICABLE.**

Name: ………………………………………………………………………………………………………

Address: ……………………………………. Town……………………………………………………….

Phone No: ………………………………………………………………………………………………….

Extension No: ………………………………………………………………………………………………

**SECTION 3: PARENTS /GUARDIAN**

**Parent /Guardian**

Name: …………………………………………………………………………………………………….

Home Address P.O. Box: ………………………………. Town…………………………………….........

Phone No: …………………………………………………………………………………………………

Email Address: ……………………………………………………………………………………………

Signature: …………….…………………… Date …………………………………………

**NB: Kindly Make a copy of this Letter and Retain before submission.**