MMINISTRY OF EDUCATION
ALDAI TECHNICAL TRAINING INSTITUTE
P. O BOX 149-30305, KOBUJOI Tel 0700 746 828
E-MAIL: *aldaitti@gmail.com* WEBSITE: www.*aldaitti.ac.ke*

Date: 25-Oct-2021

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 14TH JANUARY 2022 FIRST SEMISTER START Date 4TH JANUARY 2022**

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

(a) 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.
- ✓ Adequate writing materials.
- ✓ One spring file
- ✓ One ream of photocopy papers

(b) REQUIREMENTS FOR ONLY BOARDING STUDENTS: (A MUST)

1. Mattress 3`` x 6 (Blue)
2. Beddings
3. A Cup, Plate, fork and Spoon
4. 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.**

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ALDAI TECHNICAL
TRAINING INSTITUTE
P. O. Box 149-30305,
KOBUJOI

LUKUYU MOSSOP SALLIE

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PRINCIPAL/SECRETARY BOG

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3. REQUIREMENTS:

3.1 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 Bill BUSINESS 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.

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2. GENERAL REQUIREMENT

(c) ALL STUDENTS TO COME WITH:

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(d) REQUIREMENTS FOR ONLY BOARDING STUDENTS: (A MUST)

5. Mattress 3`` x 6 (Blue)
6. Beddings
7. A Cup, Plate, fork and Spoon
8. Personal effects

(c) BUILDING AND CIVIL ENGINEERING DEPARTMENT

Additional Requirements for Students:

1. Building and Civil Engineering

Drawing Instruments e.g.
- T- square
- Rot-ring set
- Set Square 30^o, 90^o, 45^o, 60^o
- Protractor 360^o
- Steadler Rubber
- Pencils HB, 2H, 2B
- Masking tape
- Scientific Calculator –
- **Navy Blue** Dust Coat
- Safety Boots (normal
- Gloves (normal)

-Trowel

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)
- 360^o Circular Protractor (15cm Diameter)
- **White -** Dust Coat
- Gloves (Normal)

2. Electrical & Electronics Engineering Students

- Pliers
- Phase Tester

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- Screw Drivers (combined Star & flat)
- **Royal Blue** - Dust Coat
- Safety Boots (normal
- T- square
- Tracing Pens

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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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 ……...

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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 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, Hearth, 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 span, venereal, or Rheumatic tendency	
11.	General observations: If care is desirable in any special direction. Please give particulars.	

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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 ……