



LETTER OF OFFER

Date:

ADMISSION No:

Dear

APPLICATION F O R

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** **FIRST SEMISTER START Date:**
 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

NB: Additional requirements must be brought on reporting Date.

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 **Kemeloi** 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/SECRETARYBOG.

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 **Ksh.15,150** per term inclusive of meals.
- Trainees seeking accommodation must clear fees.
- 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.



LUKUYU MOSSOP SALLIE
PRINCIPAL/SECRETARY BOG

Additional Requirements for Students:

1. Building and Civil Engineering

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
- Scientific Calculator –
- **Navy Blue** Dust Coat
- Safety Boots (normal
- Gloves (normal)
- Trowel

b) Electrical & Electronics Engineering Students

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

c) SECRETARIAL STUDENTS

- 4 spring files
- 6- Shorthand note books
- 1 Rm Printing paper
- 6- HB 110 pencils German
- 6 Exercise books (200pages)
- 2- Rewritable CD's
- Adequate Pens
- Pencil Sharpener

Text Books

- New Era Shorthand by Pitman(**compulsory**)
- Introduction to Computerized documents processing by Francis Mbuu or Ksh. 1000 cash (compulsory)
- Keyboarding and document processing
- Office practice & Organisation by Robert Gichira
- Commerce Simplified by Robert Gichira
- Business English by Saleemi
- Data Processing by Saleemi
- Business Communication & Report Writing Simplified (Revised & Updated by N.A Saleemi

e) AGRICULTURE

- Dust coat(**Royal blue**)
- Jembe
- Slasher
- Panga
- Gumboots
- T-square
- Scientific Calculator

f) ICT

- 1-Packet or Recordable CD's
- Dust Coat (white)

N/B All accounting trainees should have accountingcalculator

NOTE: The above requirements are Mandatory and Must be fulfilled before one can be admitted to Commence. The Compulsory books should be availed on admission date.

REQUIREMENTS FOR INSTITUTIONAL MANAGEMENT DEPARTMENT

CATERING AND ACCOMMODATION MANAGEMENT /FOOD & BEVERAGE MANAGEMENT COURSES

- Dust coat (white)
- Chefs jacket (white)
- Chefs trouser or straight skirt (2black)
- Low heeled leather closed black shoes
- Apron (white)
- Chef's hat (white)
- Bowtie/wide black ribbon
- Dish clothes (5pieces)
- Oven gloves (1 piece)
- Glass cloth (2pieces)
- Tray cloth (2pieces)
- Waiters cloth (2 white /cotton)
- Yellow Duster 4 pieces
- Opener (1 piece)
- Shirt/Blouse (2 white/long sleeved)
- Half coat (black)
- Black flat shoes (rubber soles)

NB: For linen each class has its colors to be availed on reporting day

- Damask table cloth 3metres long
- 8 damask napkins (dark green, maroon or blue colored 17 inches x 17 inches slip cloth checked same color as napkin
- Neck Scarf –yellow, checked black white or red

N/B food handler's certificate

FOR CATERING ACCOMODATION TRAINEES THE ADDITIONAL REQUIREMENTS ARE AS FOLLOWS

- Head nets 3pairs
- Industrial gloves 2pairs
- Yellow dusters (4pieces)
- Sky blue long sleeved shirt

TEXTBOOKS

- ✓ **Practical cookery 12th edition by Kinston and Caserani**
- ✓ **Food and beverage service theory by Lilicrap**

I.HAIR DRESSING & BEUTY THERAPY REQUIREMENTS

1. 10 towel (two black) other different colors.
2. Afro comb, be in one comb, tail comb, rake comb and blow drying
3. Set of manic ore
4. Set of pedicures
5. Hair food
6. Styling gel
7. Relaxer and neutralizer
8. Apron (purple in color)
9. Gloves
10. Massage oil
11. Apricot scrubber
12. spirit
13. Nail vanish polishes
14. Facial makeup
15. Cleansing
16. Tonner
17. Cotton wool
18. Shower cap
19. A braids (black in color)

4. CHANGE OF COURSE

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

5. 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 **Kemeloi** between **Health center** and **Kemeloi Boys Secondary School**. I wish you a safe journey to (Aldai - Kemeloi) and good success in your 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 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 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 YOUR OWN COPY OF THIS LETTER BEFORE SUBMISSION