



KIPTARAGON TECHNICAL & VOCATIONAL COLLEGE

ADMISSION APPLICATION FORM



A. PERSONAL DETAILS

| | | | | | |
|----------------------|----------------------|----------------------------|----------------------|---|--|
| SURNAME | | FIRST NAME | | OTHER NAMES | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| ID/PASSPORT NUMBER | | DATE OF BIRTH (dd/mm/yyyy) | | MARITAL STATUS | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| POSTAL ADDRESS | POSTAL CODE | TOWN | COUNTY | GENDER (tick one) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> | |
| MOBILE NUMBER | EMAIL ADDRESS | | | NATIONALITY | |
| <input type="text"/> | <input type="text"/> | | | <input type="text"/> | |

B. ACADEMIC QUALIFICATIONS

| CERTIFICATE | SCHOOL/COLLEGE ATTENDED | INDEX NO | YEAR | MEAN GRADE/QUALIFICATION |
|-------------|-------------------------|----------|------|--------------------------|
| KCPE | | | | |
| KCSE | | | | |
| CRAFT | | | | |
| DIPLOMA | | | | |

C. SPONSOR/GUARDIAN DETAILS

| | | | | |
|---------------------------|----------------------|----------------------|----------------------|----------------------|
| FULL NAME | | POSTAL ADDRESS | POSTAL CODE | TOWN |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| RELATIONSHIP TO APPLICANT | EMAIL ADDRESS | MOBILE NUMBER | OCCUPATION | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

D. NEXT OF KIN DETAILS

| | | | | |
|---------------------------|----------------------|----------------------|----------------------|----------------------|
| FULL NAME | | POSTAL ADDRESS | POSTAL CODE | TOWN |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| RELATIONSHIP TO APPLICANT | EMAIL ADDRESS | MOBILE NUMBER | OCCUPATION | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

E. COURSE DETAILS

| | |
|---|---|
| COURSE NAME | |
| <input type="text"/> | |
| MODE OF STUDY (tick one) | LEVEL (tick one) |
| Regular <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> | Artisan <input type="checkbox"/> Craft <input type="checkbox"/> Diploma <input type="checkbox"/> H Dip <input type="checkbox"/> |
| <i>I confirm the information given above is correct to the best of my knowledge and do take full responsibility for any incorrect information</i> | |
| Sign _____ Date: _____ | |
| OFFICIAL USE ONLY | |
| VERIFIED BY _____ OFFICIAL STAMP | |
| Sign _____ Date: _____ | |

Attach the following copies of testimonials

- Result Slip/Certificate
- Birth Certificate. National ID
- 2 passport size photographs
- School Leaving Certificate

For further inquiries contact us on:

The Principal KIPTARAGON TECHNICAL & VOCATIONAL COLLEGE
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Email: kiptaragontvc@gmail.com || info@kiptaragontvc.ac.ke