

# BUSHIANGALA TECHNICAL TRAINING INSTITUTE

Address:P.O. BOX 2227 - 50100KAKAMEGA.  
No: 0702092440, 0792708482,  
Tel C



E-MAIL: bushiangalatechnical@yahoo.com/gmail.com  
WEBSITE: www.bushiangalatechnical.ac.ke

## ADMISSION LETTER

**OUR REF: BUSTTI/REG /VOL 1**

**NAME:** .....

**ADDRESS:** .....

**TELEPHONE:** .....

Dear.....

This follow your application through Kenya Universities and Colleges Placement Services, (KUCCPS) we are pleased to inform you that you were placed in our institute to study Artisan/Craft/Diploma in..... department of .....  
You should report on .....and in no case later than .....during working hours (8:00 am – 4:30 p.m.) from Monday to Friday.

Information on fees, other requirements and Institutional Regulations are enclosed for your perusal. You are advised to pay full fees on admission. All the fees must be deposited in the **College Account** i.e. **1102702188-K.C.B Kakamega Branch** or can be paid by **Bankers Cheque** but **NOT** in **Cash**.

Please complete the Personal details form, Medical form and application form. Note that once admitted fees shall not be refunded should you choose to discontinue with the course.

The Institution is situated 20 Kms from Kakamega Town along Sigalagala-Butere Road opposite Bushiangala Youth Polytechnic and next to Bushiangala Secondary School.

We look forward to assisting you attaining your Professional growth.

**Yours faithfully,**  
**BUSHIANGALA TECHNICAL TRAINING INSTITUTE**

**JANET OTUYA**  
**PRINCIPAL/SECRETARY B.O.G**

## **OTHER REQUIREMENTS**

### **1. BOARDING**

1 Mattress, 1 Blanket, a pair of sheets, towel, basin/pail and enough decent clothes, enough personal effects, games kit.,

### **REGISTRAR**

**Two photocopies of each of the following:**

- a) K.C.P.E / C.P.E,
- b) K.A.C.E, K.C.E, K.C.S.E Academic Certificate or result slip.
- c) Leaving Certificate
- d) Identity Card both sides for the student and the parent
- e) Four current passport size photographs
- f) Birth certificate
- g) Original certificates for verification
- h) Two Spring files plastic
- i) Adequate writing materials (A4 exercise books or foolscaps)

### **2. TECHNICAL DRAWING REQUIREMENTS (ALL STUDENTS IN ELECTRICAL, MECHANICAL & BUILDING DEPARTMENTS)**

- a) 30 cm ruler (Plastic)
- b) Drawing Set Square 30/60 set-square (10 cm)
- c) Drawing Sets
- d) A pair of Compasses (20 cm)
- e) A T/Square
- f) A pair of Drawing Clips
- g) Eraser and Pencils (2H, 4H, HB)
- h) Overall/Dust coat
- i) Masking Tape
- j) Scientific Calculator (fx 82Ex)

### **3. TEXTILES AND CLOTHING**

- a) Tape measure
- b) Scissors
- c) French Curves
- d) Tracing wheel
- e) Bobbin and Bobbin cases
- f) Pins

### **4. SCIENCE LAB TECHNOLOGY/APPLIED BIOLOGY**

- a) Lab coat/dust coat(white)
- b) Scientific calculator – Casio fx 82 ms
- c) Biology (Functional approach) by M.B.V ROBERTS for Diploma Course
- d) PHYSICS by Abbot for Certificate course for S.L.T Classes
- e) CHEMISTRY by Lambert for Certificates course for S.L.T Classes
- f) Introduction to Biology by Mekeen for S.L.T Classes

### **5. COMPUTER DEPARTMENT**

- a) Flash Disk – 2GB
- b) Rewriteable/ Recordable CDs
- c) A book with Structural Programming
- d) Dust Coat

### **6. SECRETARIAL DEPARTMENT**

- a) Short Hand Dictionary
- b) 2<sup>nd</sup> Anniversary Shorthand Book
- c) English Dictionary
- d) Printing papers – Enough Reams for The Whole Term
- e) Rewritable CD
- f) HB pencils

### **7. ELECTRICAL DEPARTMENT**

- a) Dust Coat
- b) Protective Shoes

MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY  
**BUSHIANGALA TECHNICAL TRAINING INSTITUTE**

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**APPLICATION FORM**

DATE OF APPLICATION: .....

NAME OF APPLICANT: (SURNAME FIRST): .....

POSTAL ADDRESS: .....

PHONE NUMBER: .....

DATE OF BIRTH: ..... ID NO: .....

COUNTY: ..... DISTRICT/SUB-COUNTY: .....

LOCATION: ..... SUBLOCATION: .....

VILLAGE: .....

COURSE APPLIED FOR: .....

LEVEL OF COURSE: (ARTISAN, CERTIFICATE OR DIPLOMA): .....

LEVEL OF EDUCATION: .....

GRADE OBTAINED: .....

SIGNATURE: .....

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**APPLICANT'S PERSONAL DETAILS**

**SECTION I**

FULL NAME: .....

GENDER: ..... AGE: ..... MARITAL STATUS: ..... ID NO: .....

COUNTY.....HOME DISTRICT: ..... CONSTITUENCY: .....

**MAILING ADDRESS**

P.O. BOX ..... POSTAL CODE: .....

LOCATION: ..... SUB- LOCATION: .....

WARD/VILLAGE/ESTATE: .....

HIGHEST LEVEL OF EDUCATION/TRAINING: .....

GRADE OBTAINED: .....

YEAR COMPLETED: ..... EXAM INDEX NO: .....

PREVIOUS INSTITUTIONS/SCHOOL: .....

P.O. BOX ..... POSTAL CODE: .....

ANY DISABILITY: (YES/NO) .....IF YES: MILD/SEVERE: .....

SPECIFY: .....

**SECTION II**

FATHER'S NAME: ..... ID NO: ..... **(Attach Copy)**

OCCUPATION: ..... ANNUAL INCOME: .....

OTHER SOURCES OF INCOME: .....MOB.NO.....

IF FATHER IS ALIVE (YES/NO): ..... **(If No Attach Evidence of Death)**

MOTHER'S NAME: ..... ID NO: ..... **(Attach Copy)**

OCCUPATION: ..... ANNUAL INCOME: .....

OTHER SOURCES OF INCOME: .....MOB. NO. ....

IS MOTHER ALIVE (YES/NO): ..... **(If No, Attach Evidence of Death)**

GUARDIAN'S NAME: ..... ID NO: ..... **(Attach Copy)**

OCCUPATION: .....ANNUAL INCOME: ..... MOB NO .....

**SIBLINGS IN SCHOOL/INSTITUTION**

NAME	SCHOOL/INSTITUTION	CLASS/COURSE	AGE	ANNUAL FEES

**SIBLINGS WORKING**

NAME/ INCOME	EMPLOYER AND ADDRESS
1.	
2.	
3.	
4.	
5.	

**Briefly provide any other relevant information**

.....

.....

.....

**SECTION II**

**APPLICANT'S DECLARATION**

I confirm that the above information is true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification.

\_\_\_\_\_  
NAME SIGNATURE DATE

**SECTION III**  
**RECOMMENDATIONS**

**(i) AREA CHIEF/ASSISTANT CHIEF**

I confirm/refute the information given by the applicant and I recommend/do not recommend the applicant for the award of bursary.

\_\_\_\_\_  
NAME MOBILE NUMBER SIGN, DATE AND STAMP

**(ii) RELIGIOUS LEADER (ORDAINED PASTORS, BISHOP, PRIEST, IMAM, ETC)**

I declare that the above information is true/not true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification. I recommend /do not recommend the applicant for bursary.

\_\_\_\_\_  
NAME MOBILE NUMBER SIGN, DATE AND STAMP

# **BUSHIANGALA TECHNICAL TRAINING INSTITUTE**

## **MEDICAL EXAMINATION CERTIFICATE**

NAME: .....

COURSE TO BE UNDERTAKEN: .....

### **1. EYE AND VISION**

Unaided Left	
Unaided Right	
Colour Blindness	
Visual Field	

### **2. EAR, NOSE & THROAT**

Is Nasal breathing habitual Adenoid Hearing	
voice – Right /Left	

### **3. MOUTH AND TEETH**

.....  
**4. CHEST HEART**

With special reference to any  
Tubercular Tendencies

.....  
**5. SINUS COLUM**

- .....  
(a) Urine  
(b) Faeces

.....  
**6. Splanch Liver**

Biles and Varicose veins

.....Any other weakness,  
defect or disease: e.g. Defects of speech, twitching or spasm, chorea or other nervous disorders, Venereal diseases or  
Rheumatic Tendon.

.....  
**Name of Hospital:** .....

**Name of Registered Medical Practitioner:**..... **Signature:** .....

**Address:** ..... **Date/Stamp:**

*NOTE: This form MUST be filled by a Registered Medical Practitioner and send directly to the Institute so as to be received before a student is admitted in the Institute.*