MINISTRY EDUCATION STATE DEPARTMENT FOR TECHNICAL, VOCATIONAL EDUCATION AND TRAINING BUSHIANGALA TECHNICAL TRAINING INSTITUTE

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



E-MAIL: info@bushiangalatechnical_.ac.ke WEBSITE: www.bushiangalatechnical.ac.ke

| STUDENT INDEX NO: | | 12301718025/2022 | | | |
|-------------------|-------|------------------|------|--------|--|
| NAME: | MUEND | 0 | MARY | BAHATI | |
| ADDRESS: | , Ma | ich | akos | | |

ADMISSION LETTER

Dear: MUENDO MARY BAHATI,

1

REF: CRAFT ADMISSIONS - 2023/2024 ACADEMIC YEAR

I am pleased to inform you that you have been offered a chance to pursue a Craft Course in **CERTIFICATE IN SCIENCE LABORATORY TECHNOLOGY** in the Department of **Applied Science**...... This Craft course will be offered by course work, examinations and Industrial Attachment.

(Students can change a course within two weeks after admission)

You should report on **04/09/2023** and in no case later than **15/09/2023** during working hours (8:00 am – 4:30 p.m.) from Monday to Friday.

Following your placement in this institution, you are eligible for a Government Scholarship, Loan and Bursary to assist with your educational expenses. If you need Government financial support, you MUST make an application for consideration through the official website <u>www.hef.co.ke</u>. In case the Government Scholarship, Loan and Bursary do not cover the entire cost of your programme, the deficit will be met by your parent/guardian.

Information on fees, other requirements and Institutional Regulations are enclosed for your perusal. You are advised to pay full fees on admission. Total fee charged is Kshs. 67,189.00 (*Sixty- Seven Thousand, One Hundred and Eighty-Nine Only*) per year. 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. **Bushiangala Technical Training Institute is in Kakamega South Sub-County** *(Ikolomani Constituency)*.

The Institute has limited accommodation chances on First Come – First Served basis upon payment of accommodation fees of **Kshs. 3000.00** to the college account.

We look forward to assisting you attaining your Professional growth.

Yours faithfully, BUSHIANGALA TECHNICAL TRAINING INSTITUTE

etwarna.

JANET OTUYA PRINCIPAL/SECRETARY B.O.G

SEPTEMBER 2023 INTAKE

Requirements for (TVET GoK) Scholarship, Loan & Bursary application

- A valid email address 1.
- Valid telephone number (must be registered in your name to apply for a loan) 2.
- KCPE and KCSE index numbers and year of examination 3.
- Passport size photo 4.
- Copy of your National ID (for loan application) 5.
- College/University admission letter 6.
- Your parents' registered telephone number 7.
- Your parents' national ID number 8.
- Death certificate if any of your parent is deceased. 9.
- 10. Your birth certificate.
- 11. Two guarantors' (Can be your parents) ID numbers and registered telephone numbers (for loan application)
- 12. Copy of the sponsorship letter if you were sponsored in Secondary school.

HOW TO APPLY FOR SCHOLARSHIP

- 1.Visit the following website link *www.hef.co.ke*
- 2. Click on **Apply Now** on 2023 2024 New Funding Application option
- 3. Follow the following steps to complete the online application



| NEW FINANCING MODEL | | | | | |
|------------------------|----------------|--------------|-----------------|--------------|--|
| | Categorization | | | | |
| | Less Needy | Needy | Extremely Needy | Vulnerable | |
| Tuition Scholarships % | 32% | 50% | 70% | 80% | |
| Tuition Loan % | 48% | 30% | 30% | 20% | |
| Household | 20% | 20% | o% | o% | |
| Upkeep Loan Amount | Kshs. 13,600 | Kshs. 13,600 | Kshs. 13,600 | Kshs. 13,600 | |

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 Academic Certificate or result slip
- b) K.C.S.E Academic Certificate or result slip.
- c) Leaving Certificate
- d) Identity Card for the student
- e) Identity Card for the parent/guardian
- f) Four current passport size photographs
- g) Birth certificate
- h) Original certificates for verification
- i) Two Spring files plastic
- j) 10 A4 exercise books

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)
- k) Protective Shoes

3. TEXTILES AND CLOTHING

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

f) Pins

- 4. HAIR DRESSING
 - a) 4 Large salon towels
 - b) Scissors
 - c) 2 Apron (Royal blue)
 - d) 3 wooden blow-drying combs (small, medium, large)
 - e) Weaving needles
 - f) Wooden plaiting comb/Afro comb
 - g) Black closed flat shoes

5. 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

6. COMPUTER DEPARTMENT

- a) Flash Disk 2GB
- b) White lab. Coat
- c) Laptop

7. SECRETARIAL DEPARTMENT

- a) Short Hand Dictionary
- b) 2nd Anniversary Shorthand Book by Pitman
- c) English Dictionary Edition 12th -oxford
- d) Printing papers Enough Reams for The Whole Term
- e) Rewritable CD & HB pencils

8.REQUIREMENTS FOOD AND BEVERAGE

- 1. Scarf
- 2. Chefs Jacket 1pc
- 3. Apron White 1pc
- 4. Over Gloves 1pc
- 5. Kitchen Cloth 3pc
- 6. Hard Towel 1pc
- 7. Surface Cloth 1pc
- 8. Black Trousers /Skirts 1pc
- 9. White Shirts (Long Sleeved) 1pc
- 10. Butchers Knife 1pc
- 11. Vegetable Knife 1pc

- 12. Palate Knife 1pc
- 13. Fruit Knife 1pc
- 14. Kitchen Knife 1pc
- 15. Opener/Corks Screw 1pc
- 16. Glass Cloth 1pc
- 17. Waiters Cloth 1pc
- 18. Work Surface Cloth 1pc
- 19. Order Pad/Book 1pc
- 20. Dust Coat 1pc
- 21. Table Napkins White(21x21) 1pc

MINISTRY EDUCATION STATE DEPARTMENT FOR TECHNICAL, VOCATIONAL EDUCATION AND TRAINING

BUSHIANGALA TECHNICAL TRAINING INSTITUTE

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



E-MAIL: info@bushiangalatechnical .ac.ke WEBSITE: www.bushiangalatechnical.ac.ke

APPLICATION FORM

| DATE OF APPLICATION: |
|---|
| NAME OF APPLICANT: (SURNAME FIRST): |
| POSTAL ADDRESS: |
| PHONE NUMBER: |
| DATE OF BIRTH: ID NO: |
| COUNTY: DISTRICT/SUB-COUNTY: |
| LOCATION: SUB LOCATION: |
| VILLAGE: |
| COURSE APPLIED FOR: |
| LEVEL OF COURSE: (ARTISAN, CERTIFICATE OR DIPLOMA): |
| LEVEL OF EDUCATION: |
| GRADE OBTAINED: |
| SIGNATURE: |

MINISTRY EDUCATION STATE DEPARTMENT FOR TECHNICAL, VOCATIONAL EDUCATION AND TRAINING

BUSHIANGALA TECHNICAL TRAINING INSTITUTE

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



E-MAIL: info@bushiangalatechnical .ac.ke WEBSITE: www.bushiangalatechnical.ac.ke

APPLICANT'S PERSONAL DETAILS SECTION I

| <u>BEHOW</u> |
|--|
| FULL NAME: GENDER: |
| AGE: MARITAL STATUS: ID NO: |
| COUNTYHOME DISTRICT:CONSTITUENCY: |
| MAILING ADDRESS |
| P.O. BOX POSTAL CODE:LOCATION: |
| SUB- LOCATION: WARD/VILLAGE/ESTATE: |
| HIGHEST LEVEL OF EDUCATION/TRAINING: |
| GRADE OBTAINED: |
| PREVIOUS INSTITUTIONS/SCHOOL: |
| P.O. BOX POSTAL CODE: |
| ANY DISABILITY: (YES/NO)IF YES: MILD/SEVERE: |
| SPECIFY: |
| <u>SECTION II</u> FATHER'S NAME: |
| OCCUPATION:ANNUAL INCOME: |
| OTHER SOURCES OF INCOME: |
| IF FATHER IS ALIVE (YES/NO) (If No Attach Evidence of Death) |
| MOTHER'S NAME: |
| OCCUPATION:ANNUAL INCOME: |
| OTHER SOURCES OF INCOME: |
| IS MOTHER ALIVE (YES/NO) (If No, Attach Evidence of Death) |
| GUARDIAN'S NAME: |
| OCCUPATION: |

SIBLINGS IN SCHOOL/INSTITUTION

| NAME | S N | SCHOOL/INSTITUTIO N | CLASS/COURS E | AGE | ANNUAL FEES |
|------|--------|------------------------|------------------|-----|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SIBLINGS WORKING

| EMPLOYER AND ADDRESS |
|----------------------|
| |
| |
| |
| |
| |
| |

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

(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

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. SINAL COLUM

.....

- (a) Urine
- (b) Faeces

6. Splash 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 Practioner:.....Signature:....

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

<u>NOTE</u>: 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.