BUSTTI/REG/ADM/F004

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

NAME: MBUCHIRA LINDSEY

STUDENT INDEX NO: 38619205034/2022

### ADDRESS:

# **ADMISSION LETTER**

### Dear: MBUCHIRA LINDSEY,

-

### REF: DIPLOMA ADMISSIONS - 2023/2024 ACADEMIC YEAR

I am pleased to inform you that you have been offered a chance to pursue a **Diploma Course** in **DIPLOMA IN INFORMATION COMMUNICATION TECHNOLOGY** in the Department of **INFORMATION** & **COMMUNICATION TECHNOLOGY**...

This Diploma 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

Internaria.

# JANET OTUYA PRINCIPAL/SECRETARY B.O.G

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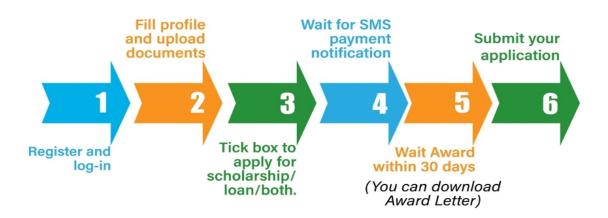
#### SEPTEMBER 2023 INTAKE

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

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



|                               | Categorization |              |                 |              |
|-------------------------------|----------------|--------------|-----------------|--------------|
|                               | Less Needy     | Needy        | Extremely Needy | Vulnerable   |
| <b>Tuition Scholarships %</b> | 32%            | 50%          | 70%             | 80%          |
| Tuition Loan %                | 48%            | 30%          | 30%             | 20%          |
| Household                     | 20%            | 20%          | o%              | <b>o</b> %   |
| Upkeep Loan Amount            | Kshs. 13,600   | Kshs. 13,600 | Kshs. 13,600    | Kshs. 13,600 |

#### **NEW FINANCING MODEL**

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### **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

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### 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) 2<sup>nd</sup> Anniversary Shorthand Book by Pitman
- c) English Dictionary Edition 12<sup>th</sup> -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

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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:   |
| 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:                                  |
| COUNTYHOME 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<br>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: ANNUAL INCOME: MOB NO                            |

### SIBLINGS IN SCHOOL/INSTITUTION

| NAME | SCHOOL/INSTITUTION | CLASS/COURSE | AGE | ANNUAL<br>FEES |
|------|--------------------|--------------|-----|----------------|
|      |                    |              |     |                |
|      |                    |              |     |                |
|      |                    |              |     |                |
|      |                    |              |     |                |

#### SIBLINGS WORKING

| NAME/ INCOME | EMPLOYER AND ADDRESS |
|--------------|----------------------|
| 1.           |                      |
| 2.           |                      |
| 3.           |                      |
| 4.           |                      |

#### 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<br>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.