

MINISTRY OF EDUCATION

BUSHIANGALA TECHNICAL TRAINING INSTITUTE

P.O. BOX 2227 – 50100
KAKAMEGA.Tel No: 0702092440



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

APPLICANT'S PERSONAL DETAILS

SECTION I: BIODATA

FULL NAME:

GENDER: AGE: MARITAL STATUS: ID NO:

COUNTY.....HOME DISTRICT: CONSTITUENCY:

WARD

SECTION II: CONTACT

POSTAL ADDRESS POSTAL CODE: TOWN:

PHYSICAL ADDRESS: SUB-COUNTY: WARD/VILLAGE/ESTATE:.....

NEAREST PRIMARY SCHOOL:

SECTION III: ACADEMIC QUALIFICATIONS

HIGHEST LEVEL OF EDUCATION/TRAINING:

GRADE OBTAINED: YEAR COMPLETED: EXAM INDEX NO:

PREVIOUS INSTITUTIONS/SCHOOL:

SECTION IV: MEDICAL HISTORY

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

ANY OTHER MEDICAL CONDITION? NO YES (SPECIFY):.....

SECTION VI: FAMILY BACKGROUND

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

OCCUPATION: MOB.NO.....

IF YOUR FATHER IS ALIVE (YES/NO): (If No Attach death certificate/burial permit)

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

OCCUPATION: MOB. NO.

IS YOUR MOTHER ALIVE (YES/NO): (If No Attach death certificate/burial permit)

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

OCCUPATION: MOB NO

SIBLINGS IN SCHOOL/INSTITUTION

NAME	SCHOOL/INSTITUTION	CLASS/COURSE	AGE	ANNUAL FEES

SIBLINGS WORKING

NAME	PHONE NUMBER	EMPLOYER
1.		
2.		
3.		
4.		
5.		

Briefly provide any other relevant information

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SECTION VII: 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 VIII: RECOMMENDATIONS

AREA CHIEF/ASSISTANT CHIEF

I confirm/refute the information given by the applicant and I recommend/do not recommend the applicant for admission to Bushiangala Technical Training Institute.

NAME

MOBILE NUMBER

SIGN, DATE AND STAMP