



# WOTE TECHNICAL TRAINING INSTITUTE

P O Box 377-90300 Makueni

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## APPLICATION FORM FOR ADMISSION

INTAKE YEAR: \_\_\_\_\_ INTAKE MONTH: \_\_\_\_\_ REF NO: \_\_\_\_\_

This form should be completed in **BLOCK LETTERS** and returned to the Registrar -Wote Technical Training Institute, P.O BOX 377 – 90300, MAKUENI

### SECTION A

i) **PERSONAL DATA**

Name: \_\_\_\_\_

Surname

Other

Names

National ID No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_

Tel / Mobile No: \_\_\_\_\_

County: \_\_\_\_\_

Address: P. O Box \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

Email address: \_\_\_\_\_

ii) **COURSE DETAILS**

Name of Course applied for: **CPA/ Diploma / Certificate / Artisan/ Short Course.**

In \_\_\_\_\_

Module:

 I II III SEMESTER N/A

Department: \_\_\_\_\_

Mode of Study: Full time

Part time

### SECTION B – Applicant’s Education Details

Please fill in the table by listing the Primary, Secondary Schools and Colleges attended

Level	Institution Name	From (Year)	To (Year)	KCPE Index No.	KCSE Index No.	County	Grade
PRIMARY					-		
SECONDARY					-		
POST SECONDARY							

Please attach copies of **National ID, Birth Certificate, Result Slip, School Leaving Certificate and 2 Passports.**

**SECTION C**

i) Parents / Guardian Details

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: P. O Box \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

Mobile no. \_\_\_\_\_

ii) Name of Sponsor : \_\_\_\_\_

Address: P. O Box \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

Mobile no. \_\_\_\_\_

**SECTION D**

Do you have any special needs (YES / NO)

Specify: Visual / Hearing / Physical / Others

\_\_\_\_\_  
\_\_\_\_\_

**SECTION E-Applicant's Declaration**

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Name of applicant in full: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION F: Evaluation of Applicant ( for official use only )**

Application Form Received By: \_\_\_\_\_ Comments : \_\_\_\_\_

**Registrar**

**REGISTRAR**  
WOTE TECHNICAL TRAINING INSTITUTE  
P. O. Box 377-90300, MAKUENI

DATE:.....SIGN: 

Date and Stamp \_\_\_\_\_

