



# WOTE TECHNICAL TRAINING INSTITUTE

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Web: [www.wotetti.ac.ke](http://www.wotetti.ac.ke)

## APPLICATION FORM FOR ADMISSION

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

In order to process the admission letter, this form should be completed in **BLOCK LETTERS** and returned to the **Registrar’s Office** – Wote Technical Training Institute, P.O Box 377 – 90300, Makueni **OR** Scan the **original** documents (*in pdf*) and send to the email address : **registrar@wotetti.ac.ke**.

### SECTION A

**i) APPLICANT PERSONAL DATA**

Name: \_\_\_\_\_  
*(Surname)* *(First Name)* *(Middle Name)*

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

Marital Status: \_\_\_\_\_ National ID No: \_\_\_\_\_

Nationality: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

Constituency: \_\_\_\_\_ Sub-County: \_\_\_\_\_

Tribe: \_\_\_\_\_ Languages: \_\_\_\_\_

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

Applicant Active Email Address: \_\_\_\_\_ *(Mandatory)*

**ii) COURSE DETAILS**

Name of Course applied: \_\_\_\_\_

**Module:**     I     II     III     NON-MODULAR     SEMESTER

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

**Mode of Study:** Full time

How did you know the Institution? \_\_\_\_\_

### SECTION B – Applicant Previous 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.(full)	KCSE Index No.(full)	Previous ADM NO.(Continuing Students)	Grade
Primary School							
Secondary School							
Post Secondary							

Please attach copies of **National ID, KCSE Certificate/Result Slip, KCPE Certificate, Secondary Leaving Certificate, Birth Certificate, 2 Colored Passports and TVET Certificate**-(for *continuing Students*).

**SECTION C**

i) Parents / Guardian Details

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

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

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

Emergency Contacts: \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

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

Mobile No. \_\_\_\_\_ Email Address \_\_\_\_\_

**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:** Joseph M. Ngemu      **Comments :** \_\_\_\_\_  
**Registrar**

REGISTRAR  
WOTE TECHNICAL TRAINING INSTITUTE  
P. O. Box 377-90300, MAKUENI  
DATE: ..... SIGN:  .....

**Date and Stamp** .....



All Correspondence to the Principal