WOTE TECHNICAL TRAINING INSTITUTE

P O Box 377-90300 Makueni Cell: 0728 658649 / 0787294782 / 0115 779 565
Email: info@wotetti.ac.ke Web: 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 : wotettiregistrar@gmail.com

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 _____ Postal Code: _____ Postal 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 ☐ Part 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: _____ ID NO _____

Address: P. O Box _____Postal Code:_____ Postal 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: Benjamin M. Mulwa **Comments :**.....

Registrar

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

DATE:.....SIGN.....

Date and Stamp .....