



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 : **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: _____ Tel/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 Part time

iii) 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	County	From (Year)	To (Year)	KCPE Index No.(full)	KCSE Index No.(full)	Marks/Grade
Primary School							
Secondary School							

Please attach copies of **National ID, KCSE Certificate/Result Slip, KCPE Certificate, Secondary Leaving Certificate, Birth Certificate** and **2 Colored Passports**.

Deposit slip for non-refundable application fee of Ksh 500 payable through **KCB Account Number 1105324559** or **MPESA Paybill No.178495 Account Number – Student Names or ADM NO**). *The institute does not accept cash.*

SECTION C

i) Parents / Guardian Details

Name(s): _____

Relationship: _____

Address: P. O Box _____ Code: _____ Town: _____

Mobile No. _____ 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: Eunice M. Wambua
Registrar

Comments :

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

DATE: SIGN: *[Signature]*

Date and Stamp



All Correspondence to the Principal