



# WOTE TECHNICAL TRAINING INSTITUTE

P O Box 377-90300 Makueni Cell: 0728 658649 / 0787294782  
Email: info@wotetti.ac.ke Web: www.wotetti.ac.ke

## 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 OR Scan and send to **registrar@wotetti.ac.ke**

### SECTION A

#### i) PERSONAL DATA

Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ National ID No: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Tel /Mobile No: \_\_\_\_\_  
Religion: \_\_\_\_\_ County: \_\_\_\_\_  
District: \_\_\_\_\_ Constituency: \_\_\_\_\_  
Sub-County: \_\_\_\_\_ Language: \_\_\_\_\_  
Address: P.O. Box \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_  
Email address: \_\_\_\_\_

#### ii) COURSE DETAILS

Name of Course applied for: **CPA / Diploma / Certificate / Artisan / Grade 3 / Short Course**

In \_\_\_\_\_

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

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

**Mode of Study:** Full time  Part time

iii) How did you know about us? \_\_\_\_\_

### SECTION B – Applicant’s 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.	KCSE Index No.	Grade
Primary School							
Secondary School							

Please attach copies of **National ID, Birth Certificate, Primary & Secondary Result Slips/Certificates, School Leaving Certificates and 2 Passports.**  
Deposit slip for non-refundable application fee of Ksh 500  
**KCB ACCOUNT NUMBER 1105324559**

**SECTION C**

i) Parents / Guardian Details

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

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

Address: P. O Box \_\_\_\_\_ Mobile No. \_\_\_\_\_

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

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: Paul M.Githaiga Comments : \_\_\_\_\_

Registrar

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

DATE: ..... SIGN: 

Date and Stamp .....

