



MINISTRY OF EDUCATION
STATE DEPARTMENT FOR TECHNICAL, VOCATIONAL EDUCATION, AND TRAINING
MASINGA TECHNICAL AND VOCATIONAL COLLEGE

EXCEL IN TECHNOLOGY

P.O.BOX 181 – 90141 MASINGA

TEL: +254 746 327 094

Email: info@masingatechnical.ac.ke **Website:** www.masingatechnical.ac.ke



DATE: _____

NAME: _____

RE: APPLICATION FOR ADMISSION

I am pleased to inform you that you have been offered a place at Masinga Technical and Vocational College to pursue: _____

This course takes _____ Years/Months.

Your admission number is _____.

You are expected to report on _____.

On behalf of the College Board of Management, I congratulate you on the opportunity to pursue higher education at Masinga Technical and Vocational College. We take great pride in helping our trainees achieve their academic goals and exploit their potential in an environment encouraging innovation.

Refer to our website for any information, and feel free to contact us if you encounter any challenges.

Provide a duly filled out personal details form and medical examination form upon admission.

Yours sincerely,

PRINCIPAL
IRENE KOLI KWOKO

REQUIREMENTS ON ADMISSION

1. You are required to pay Term 1 fees on admission. Please see the attached Fee Structure.

2. Original **and** CERTIFIED photocopies of the following documents will be required for verification and filing on admission:

- KCPE & KCSE Result slip or certificate
- School leaving certificate
- Two recently taken passport-size photographs
- National ID
- Birth certificate

The trainee is strongly advised also to retain a copy of the documents.

3. Departmental requirements: Every department has specific requirements relevant to the demands of the course. Please find your specific course requirements on the college website.

4. 2 Reams of Fools caps (Kasuku brand)

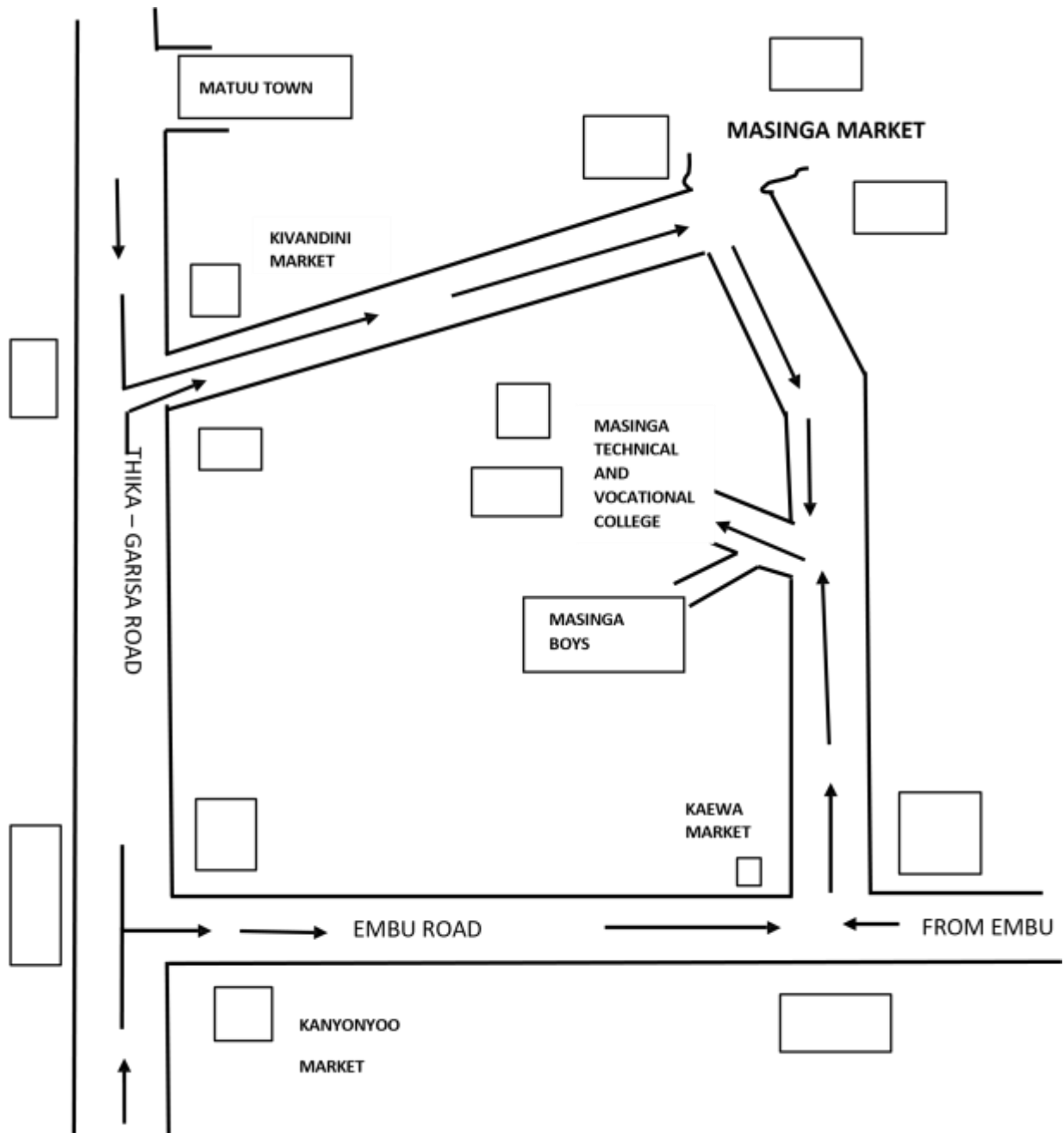
5. The Admission Letter.

6. 2 spring files.

NATURE AND LOCATION

Masinga Technical and Vocational Centre is a mixed-day Technical and Vocational College situated along the Masinga Road next to Masinga High School at Masinga Location, Machakos County.

How to reach us...



FEE STRUCTURE

<i>Vote Head</i>	<i>1st Term</i>	<i>2nd Term</i>	<i>3rd Term</i>	<i>Total (Ksh.)</i>
Tuition	19,600.00	17,041.00	0	36,641.00
Personal Emoluments	5,250.00	7,629.00	0	12,879.00
Electricity, Water & Conservancy	1,870.00	2,079.00	0	3,949.00
Local Transport & Travel	2,100.00	1,849.00	0	3,949.00
Repairs Maintenance & Improvement	2,000.00	1,257.00	0	3,257.00
Activity	2,400.00	2,114.00	0	4,514.00
Medical & Insurance	1,000	1,000.00	0	2,000.00
TOTAL	Ksh34,220	Ksh32,969	Ksh0.00	Ksh67,189.

- a. New Trainees are to pay the following charges once on admission:

Registration	1,000
Caution money	1,000
Trainee's ID	500
Students Welfare	900
TVETA Fee	500

- b. The external attachment fee is Ksh.2,500 for all trainees. The attachment fee is paid **one term** before proceeding with the attachment.
- c. A placement fee of Ksh1,500 is charged for students not placed by KUCCPS.
- d. The fee for external practical examinations is Ksh.1000 for the courses where applicable. The respective Examination bodies guide external theory examination fees.
- e. Consumable material fee per year for Business, ECTE, Journalism, and ICT courses is Ksh2000.
- f. Consumable material fee per year for technical courses is as follows:

Catering and Accommodation	6,000
Food and Beverage	6,000
Food Processing	4,000
Hairdressing and Beauty Therapy	4,000
Fashion Design	4,000
Electrical and Electronics Engineering	4,000
Mechanical and Automotive Engineering	4,000
Agriculture, Plumbing, Building, and Civil Engineering	3,000

- g. If you need Government financial support, you **MUST** apply for consideration through the official website www.hef.co.ke. If the Government Scholarship, Loan, and Bursary do not cover the entire cost of your program, the deficit will be met by your parent/guardian.

ALL FEES ARE PAYABLE VIA:

-Bankers Cheque OR

-Deposit Cash at Any Equity Bank (Masinga Technical and Vocational College) A/c No: **0390275609102** OR

-MPESA. Pay bill **247247** Account no. **181901**#Trainee Adm.no. (e.g., 181901#0670)

Please Note: We DO NOT accept cash.

RULES AND REGULATIONS

The following rules and regulations are not exhaustive, and common sense and personal judgment are called for:

1. Attendance: All trainees are expected to attend **at least 70%** of the lectures per the timetable to be eligible for exam registration. Irregular attendance will result in the trainee being awarded INCOMPLETE results. Punctuality must be observed at all times.
2. Behavior: To promote good human and public relations, all trainees must be **courteous** and **respectful** to staff, colleagues, and visitors.
3. Attire: All trainees should be dressed in a respectable manner that reflects **responsibility** and **maturity**.
4. Smoking and consuming alcoholic drinks: Drugs of any form are **strictly prohibited** on school premises. Anyone found under alcohol or drugs will be dealt with firmly.
5. Loss and Damages: Trainees must always handle college property.
Trainees will be charged for any loss or damage to college property.
6. Academic performance: Trainees who constantly perform poorly will be closely monitored. If no improvement is registered, they will be discontinued.
7. Security: The college will take all necessary measures to ensure security within the institution. However, it is the responsibility of individual trainees to ensure their safety and that of their personal belongings.
8. Discipline: The college's disciplinary procedures will handle all discipline cases.
9. Fees payment: Tuition and examination fees must be paid in full to the school's account. Official receipts should be obtained for **ALL** payments.

I..... Adm. No..... Will abide by the above
rules and regulations and any other instructions issued by the college authorities.

Sign: Date: **PERSONAL**

PERSONAL DETAILS (TO BE FILLED BY APPLICANT IN CAPITAL LETTERS)

SURNAME..... OTHER NAMES:

SEX..... ID NO:

DATE OF BIRTH:

NATIONALITY:

LOCATION:

DISTRICT: COUNTY

MOBILE NO:

MARITAL STATUS

NAME OF THE SPOUSE IF MARRIED:

NAME AND ADDRESS:

MOBILE NO:

PREVIOUS SCHOOL ATTENDED AND ADDRESS

.....

.....

.....

KCSE/KCPE/GRADES.....

PARENTS/GUARDIAN'S/SPONSOR'S NAME

..... P

O BOX:

MOBILE: TEL. LANDLINE.....

NATIONALITY:

SUB-LOCATION: LOCATION:

DIVISION: DISTRICT:

COUNTY:

IF ORPHANED STATE, WHETHER PARTIAL OR FULL

CHILDREN BELOW 18 YEARS

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.....

.....

CHILDREN IN OTHER COLLEGES

.....

.....

.....

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DO YOU SUFFER FROM ANY CHRONIC AILMENT OR DISABILITY THAT REQUIRES
ATTENTION? YES/NO

IF YES, ATTACH A MEDICAL LETTER FROM YOUR DOCTOR

I DECLARE THE ABOVE INFORMATION TO BE TRUE

SIGNATURE: DATE:

DATE OF ADMISSION..... ADM NO:
COURSE:

MEDICAL REPORT

You are asked to fill in all details in parts A and B. Part C should be filled out by a qualified health practitioner, preferably in a government hospital. The completed form should be handed in during Registration.

PART A-PERSONAL DETAILS

a) Surname: _____ Other names: _____
Date of Birth: _____ Sex: _____
Department: _____ Admission Number: _____ Tel: _____
Name, Address, and Telephone No. of parent/Guardian: _____

Next of Kin: _____
Address and Telephone No _____

PART B - MEDICAL HISTORY

a) Have you ever been admitted to a hospital? Yes/No. If so, state the reason for admission and the date

b) Have you had any of the following illnesses?

- (i) Tuberculosis or other chest infections Yes/No
- (ii) Fits, Nervous disease, or fainting attacks
Yes/No (iii) Heart disease or Rheumatic fever
Yes/No

MTVC/ADM/F1/V11

(iv) Allergies to food or drug Yes/No

(v) Any other ____

If the answer to any of the above is yes, please give details on the period of treatment or hospitalization or mode of management recommended, etc.

c) Give any other details of your medical history _____

d) Has any member of your family suffered from this?

(i) High blood pressure Yes/No

(ii) Diabetes Yes/No

a) Have you been immunized against the following disease?

(i) Smallpox Yes/No –Date _____

(ii) Tetanus Yes/No –Date _____

(iii) Polio Mellitus Yes/No –Date _____

(iv) Covid 19 Yes/No – Date _____

Trainee's Signature: _____ Date: _____

PART C-TO BE FILLED BY THE MEDICAL OFFICER

a) Height _____ Weight _____

b) Visual Acuity

Without Glasses R6 L6/

With Glasses R6 L6/

c) Hearing Right ear _____ Left year _____

d) Condition of Teeth _____
Nose_Throat _____

e) Lymphatic Glands _____

Circulation system _____ Blood pressure _____

Systolic _____ Diastolic _____

f) Respiratory System _____

g) X-ray chest if necessary _ h)

Urine _____

Sugar _____

Abdomen _____

Spleen _____

Any evidence of Hernia

Any evidence of Hemorrhoids

MTVC/ADM/F1/V11

Any observable defects in addition to a general record of observation. Please specify _____

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Name of Medical Officer _____

Hospital _____

Address and Telephone _____

Signature: _____

Date: _____

Official Rubber Stamp

PART FOR OFFICIAL USE ONLY

Special Remarks _____

Name of Dean

Signature _____ Date _____

Official Rubber Stamp _____



MASINGA TECHNICAL AND VOCATIONAL COLLEGE
MOTTO: EXCEL IN TECHNOLOGY
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SUMMARY FORM

FILL IN CAPITAL LETTERS

PERSONAL DETAILS

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH

GENDER

ID NO.

TEL. NO.

PARENT/GUARDIAN'S NAME

ADDRESS

**GUARDIAN'S
PHONE NO.**

ACADEMIC DETAILS

KCPE INDEX NO.

KCPE MARKS

KCSE INDEX NO.

KCSE GRADE

COURSE APPLIED

HOW DID YOU HEAR ABOUT US?

☐ KUCCPS

☐ RADIO

☐ CALLING LETTER

☐ ONLINE (FACEBOOK, WEBSITE, GOOGLE.)

☐ OUTREACH (CHURCH, MARKETING)

☐ REFERRED BY

SIGN:

DATE:

ADMITTED BY:

SIGN/DATE: