P.O.BOX 20-SORI, KARUNGU
MOBILE: +254708765795
EMAIL: karunguttc@gmail.com
info@karungutti.ac.ke
WEBSITE: www.karungutti.ac.ke

Reskilling To Equip Africa

APPLICATION FOR ADMISSION:

Instructions:

1. Please read and understand each item before filling in any information
2. Print in blocks or type all required information
3. Return a completed form with non-refundable fee of **KES 1,000/-**

For Official Use Only

Admission No……

Receipt No……..

SECTION 1 : PERSONAL INFORMATION		
Surname: (As it appears on academic documents)	**Middle Name:**	**First Name:**
Day/Month/Year **Date of Birth:**	**Gender: { } Male { } Female**	**Place of Birth: Country _____** **County _____**
Marital Status:	**Nationality: _____** **Religion: _____**	**National ID No: _____** **OR Passport No: _____**
NEXT OF KIN OR GUARDIAN CONTACT INFORMATION (IN CASE OF EMERGENCY)		
Name: _____ **Address: _____**	**Phone : _____**	**Relationship: _____** **Email : _____**
FINANCIAL SUPPORT/SPONSORSHIP		
Who is paying your fees while at Karungu Technical Training College? Name (if not self): _____ Relationship: _____ Permanent Address: _____ Phone: _____ Email: _____ Current Address: (if different from permanent address) Phone: _____ Email : _____		
SECTION 2 : ACADEMIC INFORMATION		
List all the Schools and Colleges attended to date and attach copies of all the academic documents		
Name	**From – To (Month and Year)**	**Certificate awarded**
SECTION 3 : ACADEMIC PROGRAMME/COURSE YOU ARE APPLYING FOR		
First Program:_____ Second Choice:_____ Third Choice:_____ Preferred Mode of Study (where applicable) Full time: [ ] Part Time: [ ] School-based: [ ] Distance/Virtual/Online: [ ] Face to Face: [ ]		

WE AIM AT RE-SKILLING AND EQUIPPING AFRICA

Date of Enrollment	Month:_____ Year: _____	
ADDITIONAL INFORMATION		
How did you learn about Karungu Technical Training College? (tick all that apply)	[ ] College website [ ] College Brochure [ ] Radio ad [ ] Newspaper ad	[ ] Teacher/College staff [ ] Former/current student [ ] Friend/family [ ] Other (Specify)
Briefly tell us why you want to study at Karungu Technical Training College …… …… …… ……		
SECTION 4 : DECLARATION		
By signing this application form you confirm that the information you have given is correct to the best of your knowledge. Student Signature: …… Date: ……		
SECTION 5 : SUBMISSION OF THE APPLICATION FORMS		
All completed forms should be addressed to: Office of the Academics, Karungu Technical Training College, P.O. Box 20 – 40401, Karungu-Sori.		
SECTION 6: FOR OFFICIAL USE ONLY		
Approved /Not approved for admission If Not approved reason…… Signature…… Date ……		

WE ARE LOCATED AT:
THE KASERA STORED BUILDING, 2ND FLOOR.
ALONG THE SORI-LUANDA ROAD – SORI KARUNGU.