



**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: ADMISSION LETTER

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

This course takes _____ Years/Months.

Your admission number is _____.

You are expected to report on **3rd May 2022**.

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

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

On admission, provide duly filled personal details form and medical examination form.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'C.K. Njoroge'.

C.K NJOROGE PRINCIPAL

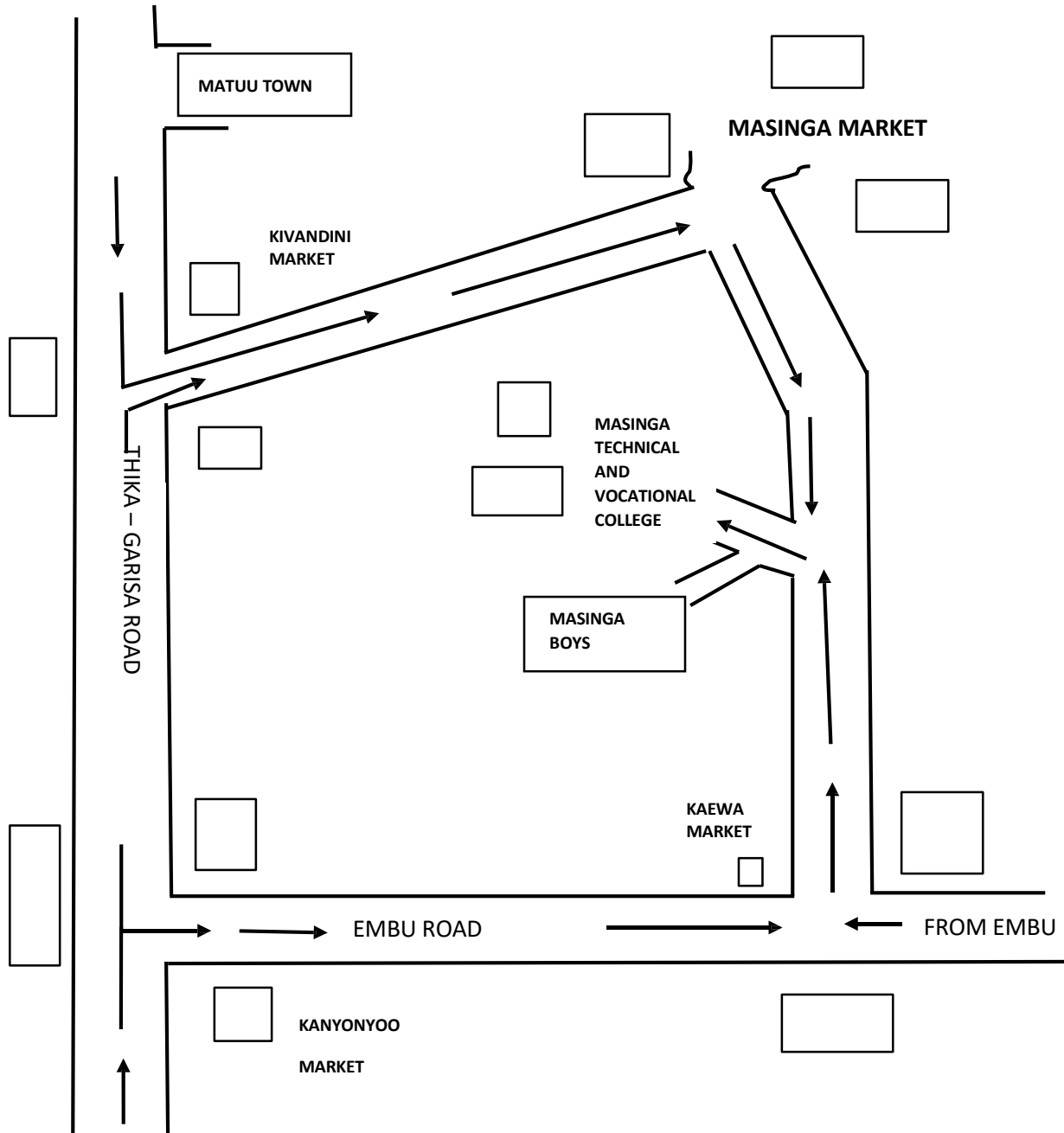
REQUIREMENTS ON ADMISSION

1. You are required to pay Kshs.....for fees on admission. Please see attached Fee Structure.
2. Original and photocopies of the following documents will be required for verification and filling on admission
 - KCPE & KCSE Result slip or certificate
 - School leaving certificate
 - Two recently taken passport size photographs
 - National ID
 - Birth certificate
3. Departmental requirements: Every department has its own specific requirements relevant to the demands of the course. Please find your specific course requirements on the college website.
4. 1 ream of foolscaps.
5. 1 ream of printing papers.
6. The Admission Letter.
7. 1 spring file.

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...



FEES STRUCTURE

<i>Vote Head</i>	<i>1st Term</i>	<i>2nd Term</i>	<i>3rd Term</i>	<i>Total (Ksh.)</i>
Tuition, Equipment and Stores	5,900	5,840	920	12,660
Personal Emolument	4,840	4,840	1,840	11,520
Local Transport & Travelling	1,295	1,290	400	2,985
Electricity Water & Conservancy	1,400	1,380	480	3,260
Contingencies	600	600	300	1,500
Repairs Maintenance & Improvement of Tools	700	700	245	1,645
Security Services	650	650	200	1,500
Students Welfare	650	650	200	1,500
Activity	1,450	1,400	500	3,350
Subscriptions	1,050	1,050	300	2,400
Internet	650	650	200	1,500
Insurance	700	-	-	700
Library	1,000	-	-	1,000
Development Project	4,300	4,300	-	8,600
	25,185	23,350	5,585	54,120
TO BE PAID ONCE ON ADMISSION				
Registration	1,000			1,000
Caution money	600			600
Development Projects Fee	5000			5000
College T- Shirt	850			850
Trainee's ID	500			500
KUCCPS Registration	1,500			1,500
TOTAL (Ksh.)	29,635	23,350	5,585	58,570

External attachment fee is **Ksh.2,300** for trainees undertaking KNEC courses and **Ksh.4,000** for trainees undertaking TVET CDACC courses. The attachment fee is paid **one term** in advance of proceeding for the attachment.

External practical examinations fee is Ksh.1000 for the courses where applicable.

External theory examination fees are guided by the respective Examination bodies.

Trainees in the following courses will be required to pay the stated addition fee to facilitate their practical assessments.

The extra practical assessment fee is payable **termly**.

No	COURSE	LEVEL	FEE
1	Food and Beverage	Diploma, Craft and Artisan Certificate	3,000
2	Catering and Accommodation	Diploma, Craft and Artisan Certificate	3,000
3	Hairdressing and Beauty	Level 3, 4, 5 and 6	1,500

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)

RULES AND REGULATIONS

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

1. Attendance: All trainees are expected to attend **at least 70%** of the lectures as 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 time.
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 consumption of alcoholic drinks: Drugs of any form are **strictly prohibited** on school premises. Anyone found under the influence of alcohol or drugs will be dealt with firmly.
5. Loss and Damages: Trainees are expected to care for college property at all times. Trainees will be charged for any loss or damage of 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: All discipline cases will be dealt with in accordance with the college's disciplinary procedures.
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 DETAILS

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:

.....

You are asked to fill in all details in part A and B. Part C should be filled by a qualified health practitioner preferably in a recognized 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 into a hospital? Yes/No. If so, state reason for admission and date

b) Have you had any of the following illness?

(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

(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 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?

(i) High blood pressure Yes/No

(ii) Diabetes Yes/No

a) Have you been immunized against the following disease?

- | | |
|----------------------|---------------------|
| (i) Small pox | 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 _____

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

Name of Medical Officer _____

Hospital _____

Address and Telephone _____

Signature: _____

Date: _____

Official Rubber Stamp _____

PART D-FOR OFFICIAL USE ONLY

Special Remarks _____

Name of Dean/Matron/Clinical Officer

Signature _____ Date _____

Official Rubber Stamp _____



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

ONLINE (FACEBOOK, WEBSITE, GOOGLE.)

RADIO

OUTREACH (CHURCH, MARKETING)

CALLING LETTER

REFERERED BY

SIGN:

DATE:

ADMITTED BY:

SIGN/DATE: