



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

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 at Masinga Technical and Vocational College to pursue: _____

This course takes _____ Module/Modules.

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 **Module I** fees on admission. *Please see the attached Fee Structure.*

2. *Original* and **two(2) 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 for assessment registration.

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.

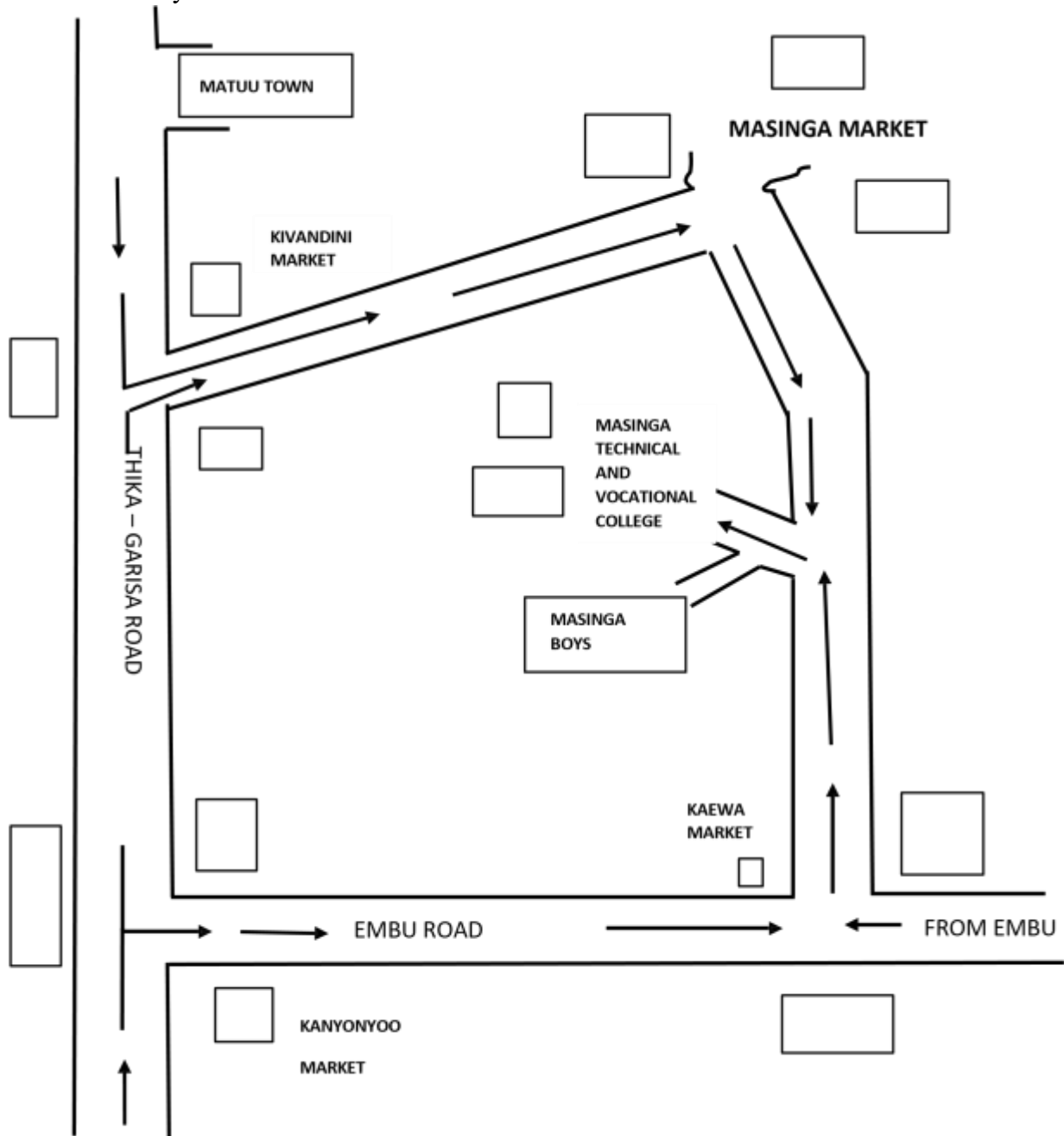
4. **Two(2)** ream of Printing Papers (a_one or JK brand).

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 - Kaewa Road next to Masinga High School at Masinga Location, Machakos County. How to reach us...





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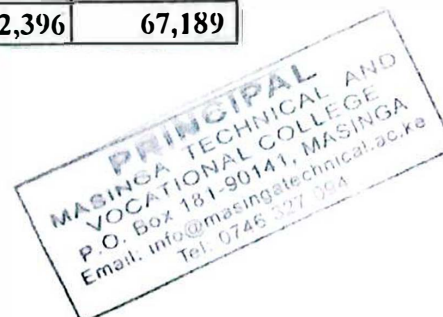
Forwarded

FEE 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	12,215	12,214	12,214	36,643
Personal Emolument	4,293	4,293	4,293	12,879
Local Transport & Travel	1,316	1,316	1,316	3,948
Water Electricity & Conservancy	1,316	1,316	1,316	3,948
Activity Fees	1,505	1,505	1,505	4,515
Repairs Maintenance & Improvement of Tools	1,086	1,086	1,086	3,258
Medical & Insurance	666	666	666	1998
Total	22,397	22,396	22,396	67,189

OTHER COURSES OFFERED AT THE COLLEGE

Driving Course-	Kshs. 17,000
Computer Packages-	Kshs. 4,500
RPL Assessment and Certification-	Kshs. 3,500
Short Courses-	Kshs. 20,000



Kindly Note

- The CDACC assessment fee is **inclusive** of the modular tuition fees.
- KUCCPS placement fee is Ksh. 500.
- If you need Government financial support, you **MUST** make an application for consideration through the official website www.hef.co.ke. In case 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 to the college must be paid on the opening/reporting day of the module. **All fees are payable via:**
 - Deposit cash at any Equity Bank (**Masinga Technical and Vocational College**)
A/C No: **0390275609102**
 - Deposit cash at any KCB Bank (**Masinga Technical and Voc. College**)
A/C No: **1223175537**
 - MPESA.**
Paybill: 247247
Account No: 181901# Trainee Adm No (e.g,181901#0670)

NB: We DO NOT accept cash.

MEDICAL REPORT
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/V16/2

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

—

Name of Medical Officer _____

Hospital _____

Address and Telephone _____

Signature: _____

Date: _____

Official Rubber Stamp

PART FOR OFFICIAL USE ONLY

Special Remarks _____

Registrar - Admissions and Marketing

Signature _____ Date _____

Official Rubber Stamp _____



MASINGA TECHNICAL AND VOCATIONAL COLLEGE
MOTTO: EXCEL IN TECHNOLOGY
P.O.BOX 181 – 90141 MASINGA



SUMMARY FORM

FILL IN CAPITAL LETTERS

PERSONAL DETAILS

FIRST NAME	MIDDLE NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	GENDER	ID NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>
TEL. NO.	EMAIL:	
<input type="text"/>	<input type="text"/>	
PARENT/GUARDIAN'S NAME	ADDRESS	GUARDIAN'S PHONE NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>

ACADEMIC DETAILS

KCPE INDEX NO./ YEAR	KCPE MARKS
<input type="text"/>	<input type="text"/>
KCSE INDEX NO./ YEAR	KCSE GRADE
<input type="text"/>	<input type="text"/>

APPLIED COURSE:

HOW DID YOU HEAR ABOUT US?

- | | |
|---|--|
| <input type="checkbox"/> KUCCPS | <input type="checkbox"/> ONLINE (FACEBOOK, WEBSITE, GOOGLE.) |
| <input type="checkbox"/> RADIO | <input type="checkbox"/> OUTREACH (CHURCH, MARKETING) |
| <input type="checkbox"/> CALLING LETTER | <input type="checkbox"/> REFERRED BY |

SIGN:

DATE:

ADMITTED BY:

SIGN/DATE: