

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](mailto:info@masingatechnical.ac.ke) Website: [www.masingatechnical.ac.ke](http://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 \_\_\_\_\_ 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 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 a duly filled personal details form and medical examination form.

Yours sincerely,

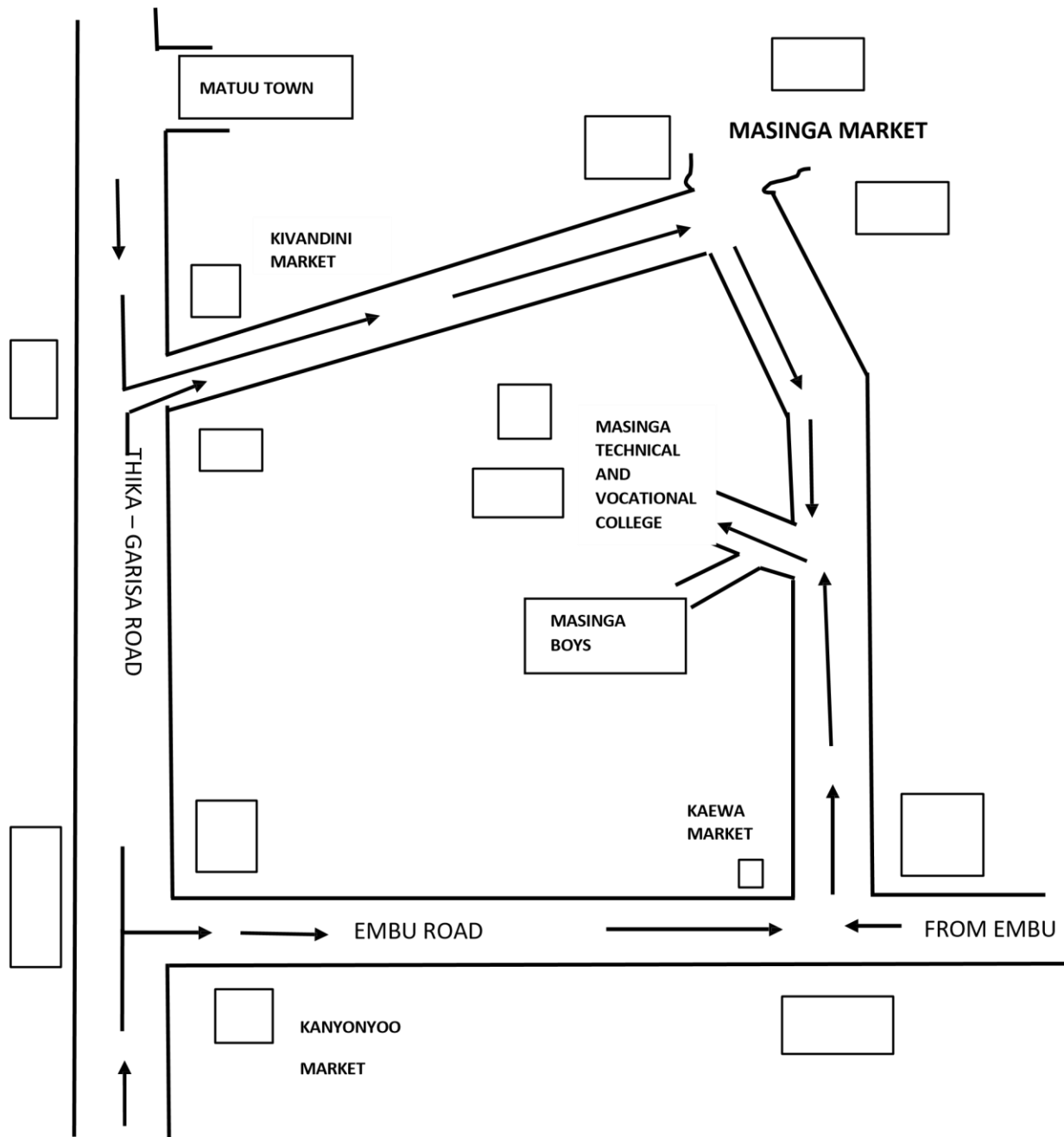
**C.K NJOROGE PRINCIPAL**

**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 specific requirements relevant to the demands of the course. Please find your specific course requirements on the college website.
  
4. 2 reams of printing papers.
  
5. The Admission Letter.
  
6. 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...



**FEE STRUCTURE**

| <i>Vote Head</i>                           | <i>1<sup>st</sup> Term</i> | <i>2<sup>nd</sup> Term</i> | <i>3<sup>rd</sup> Term</i> | <i>Total (Ksh.)</i> |
|--|----------------------------|----------------------------|----------------------------|---------------------|
| Tuition, Equipment and Stores              | 20,600.00                  | 19,119.00                  | 0.00                       | 39,719.00           |
| Personal Emolument                         | 5,250.00                   | 5,250.00                   | 0.00                       | 10,500.00           |
| Local Transport & Travel                   | 2,100.00                   | 2,100.00                   | 0.00                       | 4,200.00            |
| Electricity Water & Conservancy            | 1,870.00                   | 2,100.00                   | 0.00                       | 3,970.00            |
| Activity Fees                              | 2,400.00                   | 2,400.00                   | 0.00                       | 4,800.00            |
| Repairs Maintenance & Improvement of Tools | 2,000.00                   | 2,000.00                   | 0.00                       | 4,000.00            |
| Insurance                                  |                            |                            |                            |                     |
| <b>Total</b>                               | <b>Ksh34,220</b>           | <b>Ksh32,969</b>           | <b>Ksh0.00</b>             | <b>Ksh67,189</b>    |

- 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.2,300 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 with the attachment.
- c. A placement fee of Ksh1,500 is charged for students not placed by KUCCPS.
- d. External practical examinations fee is Ksh.1000 for the courses where applicable. External theory examination fees are guided by the respective Examination bodies.
- e. Consumable material fee per year for Business, ECTE 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** make an application for consideration through the official website [www.hef.co.ke](http://www.hef.co.ke). In case the Government Scholarship, Loan and Bursary do not cover the entire cost of your programme, 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 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 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 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 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: All discipline cases will be dealt with by 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

.....

.....

.....

CHILDREN IN OTHER COLLEGES

.....

.....

.....

.....

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 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 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.

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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 \_\_\_\_\_

—  
\_\_\_\_\_

Name of Medical Officer \_\_\_\_\_

Hospital \_\_\_\_\_

Address and Telephone \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Official Rubber Stamp

\_\_\_\_\_

**PART D-FOR OFFICIAL USE ONLY**

Special Remarks \_\_\_\_\_

\_\_\_\_\_

Name of Dean

Signature \_\_\_\_\_ Date \_\_\_\_\_

Official Rubber Stamp \_\_\_\_\_



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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: .....