

# MITUNGUU TECHNICAL TRAINING INSTITUTE



COMPETENCY IN SKILLS TRAINING  
P.O BOX 64, 60204-MITUNGUU, MERU.  
TEL.0701233591  
Email: [mitunguutechnical@gmail.com](mailto:mitunguutechnical@gmail.com)  
Website: [www.mitunguutechnical.ac.ke](http://www.mitunguutechnical.ac.ke)



PASSPORT  
SIZE  
PHOTOGRAPH

TO .....  
First Name Middle Name Surname

## **RE: ADMISSION FOR TRAINING**

I am pleased to inform you that you have been Placed for admission to  
**Mitunguu Technical Training Institute** to study.....  
..... for..... year(s)

You are required to report to the institute on **8<sup>TH</sup> JANUARY, 2024** but not  
later Than **12<sup>TH</sup> JANUARY, 2024**

Admission takes place from **8:00am** to **4:00pm**. The Institute is located about  
14KM from Nkubu town and 32 KM from Meru Town along MATI-ENA ROAD.  
You can also access the Institution through Ena – Kathwana – Mitunguu Road.

WE DO NOT ACCEPT **CASH MONEY** OR **PERSONAL CHEQUE**.



Lucy Mukiri Anampiu (Mrs)  
**Principal**

## **TVET FEE STRUCTURE PER YEAR**

	<b>VOTE HEAD</b>	<b>TERM 1</b>	<b>TERM 2</b>	<b>TERM 3</b>
1.	Tuition	18,321.00	18,319.00	-
2.	Personal Emoluments(PE)	6,440.00	6,439.00	-
3.	Electricity, Water and Conservancy (EWC)	1,975.00	1,974.00	-
4.	Local transport and travel(LT&T)	1,975.00	1,974.00	-
5.	Repair maintenance and improvement(RMI)	1,629.00	1,629.00	-
6.	Activity fee	2,257.00	2,257.00	-
7.	Medical and Insurance	1,000.00	1,000.00	-
8.	KUCCPS Registration	1,500.00	-	-
9.	Application	500.00	-	-
10.	Student ID	200.00	-	-
11.	Student Levy	600.00	-	-
12.	<b>Total</b>	<b>36,397.00</b>	<b>33,592.00</b>	-

### **NB:**

- All Trainees who will **NOT** apply for Government Scholarship, Loan and Bursaries will be required to pay a total of **Ksh.67,189.**
- The above fee is **EXCLUSIVE** of:
  - Boarding Fee
  - Professional Bodies Fee

The institute fees is payable through **Bankers cheque, Money order, Direct deposit** to the institute's.

**Collection Account No: 1169208630 IN KENYA COMMERCIAL BANK (KCB).  
NKUBU BRANCH**

***Bankers cheques or Money order should be deposited before presentation for receipting at the institute.***

**NO CASH SHALL BE ACCEPTED.**



Mrs. Lucy Mukiri Anampiu  
**Principal**

## TRAINEE'S PERSONAL DETAILS

### SECTION I: TRAINEE'S PERSONAL DETAILS

Full name: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Marital status: \_\_\_\_\_  
ID NO: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
PO BOX: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
County: \_\_\_\_\_ Sub County: \_\_\_\_\_  
Constituency: \_\_\_\_\_ Division: \_\_\_\_\_  
Location: \_\_\_\_\_ Sub-location: \_\_\_\_\_

Any disability: (YES/NO) \_\_\_\_\_ if yes (Mild/Severe) \_\_\_\_\_  
Specify: \_\_\_\_\_

### SECTION II: FAMILY DETAILS

Father's name: \_\_\_\_\_  
ID NO: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Other source of income: \_\_\_\_\_  
Is father alive?(YES/NO) \_\_\_\_\_ (If no, attach evidence of death)

Mother's name: \_\_\_\_\_  
ID NO: \_\_\_\_\_ Mobile NO: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Other source of income: \_\_\_\_\_  
Is mother alive?(YES/NO) \_\_\_\_\_ (If no, attach evidence of Death)  
Guardian's name: \_\_\_\_\_  
ID NO: \_\_\_\_\_ Mobile NO: \_\_\_\_\_  
Occupation: \_\_\_\_\_

### ANY OTHER CONTACT PERSON

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mobile NO: \_\_\_\_\_  
Occupation: \_\_\_\_\_

### SECTION III: COURSE DETAILS

Course: \_\_\_\_\_  
Duration: \_\_\_\_\_ Level: \_\_\_\_\_  
Fees payable per year Ksh. \_\_\_\_\_

### SECTION IV: TRAINEE'S DECLARATION.

I confirm that the information is true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification.

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

Name: \_\_\_\_\_

## GENERAL REQUIREMENTS

### UNIFORM

There is no uniforms for the institute. You are therefore advised to bring enough clothes for your daily wear.

### MEALS

Meals will be provided on a **Pay as You Eat** (PAYE) Basis.

**Note:** The Institute's rules will be issued on admission and all students **MUST** abide by them.

### DOCUMENTS

For successful Government Scholarship and Loan/Bursaries application all Trainees **MUST UPLOAD** the following documents during their application in the Website ([www.hef.co.ke](http://www.hef.co.ke)):-

- (i) A valid Email Address
- (ii) A valid telephone number (MUST be registered in your name to apply for a loan)
- (iii) KCPE and KCPE Index numbers and year of Examination.
- (iv) Passport size photo
- (v) Copy of your National ID (For Loan Application)
- (vi) College admission Letter
- (vii) Your Parents' registered phone numbers
- (viii) Your Parents' National ID number
- (ix) Death Certificate (if any of the parent is deceased)
- (x) Birth Certificate
- (xi) Two Guarantors' (Can be your parents), ID numbers and Registered phone numbers
- (xii) Copy of Sponsorship Letter if you are sponsored in Secondary School.

You will be required to bring the following **compulsory** documents on Admission:

1. Medical form duly filled (**page 5**).
2. Students' personal details form duly filled.
3. Original and **One** clear copy of your **KCSE** result slips or Certificate
4. Original and **One** clear copy of your **KCPE** Result slip or Certificate
5. A copy of your National ID card.
6. **A** copy of **your parent(s)/guardian** National ID card
7. **One** colored passport
8. A Copy of Birth certificate

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## MEDICAL FORM

NOTE: To be filled by a registered medical practitioner from a government hospital.

PAYMENT FOR THE MEDICAL EXAMINATION IS THE SOLE RESPONSIBILITY OF THE APPLICANT.

NAME.....COURSE:.....

ADM NO: .....

1. Eyes and Vision	Unaided Right - Left
Aided Right -Left	Colour Blind
Vision Field	
2. Nose	
Is nasal breathing habitual?	
Adenoids	
3. Ears	
Hearing voice	-Right
	-Left
4. Mouth and Teeth	
5. Gland in the neck	
6. Chest	
With special reference to any tubercular tendencies	
7. Heart	
8. Spinal column	
9. a) Urine (For female students please state if pregnant or not)	
b) Faeces.	
10. Spleen, Piles and varicose veins.	
11. Liver	
13. Any other weakness, defects or diseases: e.g. Defects of speech local twitching or spasm, chorea or nervous disorder. Venereal diseases or rheumatic.	

11. General observation if care is desirable in any special direction please give particulars.

Signature of the registered medical practitioner:.....

Address:.....Official stamp and

Date:.....

