



MINISTRY OF EDUCATION
NUU TECHNICAL AND VOCATIONAL COLLEGE

P.O. Box 376 – 90400, Mwingi Tel: 0758001730
Email: nuutvckitui@gmail.com, Website: www.nuutvc.ac.ke



APPLICATION FORM FOR ADMISSION

INTAKE YEAR: _____ INTAKE MONTH: _____ REF NO: _____

In order to process the admission letter, this form should be completed in **BLOCK LETTERS** and returned to the **Registrar's Office** – Nuu Technical and Vocational College (NTVC), P.O Box 376 – 90400, MWINGI OR Scan the **original** documents (*in pdf*) and send to the email address: registrar@nuutvc.ac.ke

SECTION A

i). APPLICANT PERSONAL DATA

Name: _____
(Surname) *(First Name)* *(Middle Name)*
Gender: _____ Date of Birth: _____
Marital Status: _____ National ID No: _____
Nationality: _____ Mobile No: _____
Religion: _____ County: _____
Constituency: _____ Sub-County: _____
Ethnic Group: _____ Village: _____
P.O Box _____ Code: _____ Town: _____
Applicant Active Email Address: _____ *(Mandatory)*

ii). COURSE DETAILS

Name of Course applied: _____

Level: 3 4 5 6 Year: 1 2 3

Department: _____

Mode of Study: Full time

How did you know the Institution? _____
(Social Media, Website, Chiefs, Radio, Our Staff, Our Students, any other)

SECTION B – Applicant Previous Education Details

Please fill in the table by listing the Primary, Secondary Schools and Colleges attended.

Level	Institution Name	From (Year)	To (Year)	Index Number	Previous ADM No (Continuing Students)	Grade
Primary School						
Secondary School						
Post Secondary						

Please attach copies of **National ID, KCSE Certificate/Result Slip, KCPE Certificate, Secondary Leaving Certificate, Birth Certificate, 2 Colored Passports and TVET Certificate**-(for *continuing Students*).

SECTION C

i) Father Details

Name(s): _____

ID No: _____

Address: P. O Box _____ Code: _____ Town: _____

Phone Number. _____ / _____

Email Address: _____

ii) Mother Details

Name(s): _____

ID No: _____

Address: P. O Box _____ Code: _____ Town: _____

Phone Number. _____ / _____

Email Address: _____

Sponsor Details

iii) Name of Sponsor : _____

Relationship: _____

ID No: _____

Address: P. O Box _____ Code: _____ Town: _____

Mobile No. _____ Email Address _____

SECTION D

Do you have any special needs (YES / NO)

Specify: Visual / Hearing / Physical / Others

SECTION E-Applicant's Declaration

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Name of applicant in full: _____

Signature: _____

Date: _____

For official use only

SECTION F: Evaluation of Applicant

Application Form Received by Mr. Oristar M. Wambua **Comments:**.....
Registrar

Date and Stamp.....