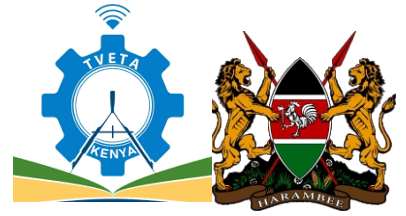




D - TECH TRAINING COLLEGE

P.O. Box 258-00100, Nairobi Kenya | Cell: +254 702 558 479

STUDENT REGISTRATION FORM



SECTION A: PERSONAL DETAILS

Date:.....

NAME: _____ (As it appears on KCSE Certificate) Gender : _____

ID No: _____ Year of Birth: _____ Birth Certificate No: _____

Date of Admission: _____ Adm No: _____

Course: _____ Duration _____

SECTION B: EDUCATION DETAILS

KCSE Index No.: _____ Mean Grade: _____ Year: _____

KCPE Index No: _____ Year: _____

Contact Address: _____

Mobile No: _____ Email: _____

County: _____ Sub-County: _____

Location: _____ Sub-Location: _____

SECTION C: PARENT/GUARDIAN/SPONSOR DETAILS (Fill appropriately)

Father's Name: _____ ID No: _____

Is he alive? Yes ☐ No ☐ Address: _____

Mobile No: _____ Occupation: _____

Mother's Name: _____ ID No: _____

Is he alive? Yes ☐ No ☐ Address: _____

Mobile No: _____ Occupation: _____

Guardian's Name: _____ Occupation: _____

Mobile No: _____ Address: _____

Sponsor's Name: _____

Tel No: _____ Email: _____

I have attached the following:

- 1 Two (2) coloured passport size photographs
- 2 Photocopies of
 - (a) Leaving Certificate
 - (b) ID
 - (c) Birth Certificate
 - (d) KCPE Certificate/Result Slip
 - (e) KCSE Certificate/Result Slip

Trainee's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

I certify that I have received the above documents from the trainee.

Checked and Verified by: _____ Sign: _____ Date: _____

Name: _____ Signature: _____ Date: _____


COLLEGE DIRECTOR

