

**AHMED SHAHAME MWIDANI TECHNICAL TRAINING INSTITUTE**

P.O.BOX 93800 – 80102, MOMBASA

**Air Port Road**

Tel: 0739209337/0746748481

Email address: asmwidanitvc@gmail.com

**Our Ref:** ASMTTI/ADMISSION.

**Name:**

**Admission No. :**

**OFFER OF ADMISSION FOR TRAINING**

Congratulations for securing a place at Ahmed Shahame Mwidani Technical Training Institute to pursue a TVET program.

**COURSE NAME:**  **LEVEL DURATION:**

You are required to report on the **06/05/2024** without fail.

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)**.** The Government Scholarship, loan and Bursary does not cover the entire cost of your programme, the deficit will be met by your parent/guardian.

In case of any enquiries please call the mobile numbers provided at the top of this admission letter.

When enrolled you will be required to strictly comply with all the institute’s rules and regulations for trainees.

You are required to fill the attached forms and return them on the admission date indicated above. In case of any enquiries please call the mobile numbers provided at the top of this admission letter. The institute’s Bank Accounts Details are provided below for any transactions.

|  |  |  |  |
| --- | --- | --- | --- |
| BANK NAME | ACCOUNT NAME | ACCOUNT NUMBER | BRANCH |
| KCB Bank Kenya Ltd | AHMED S MWIDANI TECH | 1215853955 | Treasury Square Mombasa |



Lidigu S. Shikoli

**PRINCIPAL**

**FUNDING /GOVERNMENT SCHOLARSHIP REQUIREMENTS**

1. A valid email address
2. Valid telephone number(must be registered in your name to apply for a loan)
3. KCPE and KCSE index numbers and year of examination
4. Passport size photo
5. Copy of your national ID(for loan application)
6. College/university admission letter
7. Your parents’ registered telephone number
8. Your parents’ national ID number
9. Death certificate if any of your parent is deceased
10. Your birth certificate
11. Two guarantors’ (can be your parents) ID numbers and registered telephone numbers(for loan application)
12. Copy of the sponsorship letter if you were sponsored in secondary school

**ADMISSION REQUIREMENTS**

**You are required to bring the following items to the Registrar’s office on reporting date.**

**Admission Checklist**

* Two passport size colour photographs
* Original and Photocopy of national identity card
* Original and Photocopy of school leaving certificate
* Original and photocopy of KCSE results slip/certificate
* Original and Photocopy of KCPE results slip/certificate
* Original and Photocopy of birth certificate
* Photocopy of KRA Pin
* Dully filled Medical Form and Student particulars form (provided by the institute)

**REGISTRAR**

FIX OF PASSPORT SIZE PHOTO HERE

**APPENDIX: A (All with \* must be filled)**

Name\*: ID Number/Passport No\*:

Birth Number\*:

Course\*: Duration:

Date of Admission\*: Gender\*:

Date of Birth\*: Disability Description:

Mobile\*: Email:

KCSE Index No\*: KCPE Index No\*:

Sub- County\*: Ward\*:

Location\*: Sub Location\*:

Postal Address: Code: Town:

**Sponsor (If Applicable)**

Name:

Postal Address: Postal Code: Town:

Tel No. Email address.

GUARDIAN’S DETAILS

Names\*: P.O.Box:

Email: Postal Code:

Mobile\*: Town:

Father Name……………………………….Occupation:……………………….Mobile No…………………

Mother Name:……………………………..Occupation:………………………Mobile No………………….

Name of the contact person in case of emergency\*……………………………………………………

Mobile No\*:……………………………………………………….

**Sibling**

|  |  |  |  |
| --- | --- | --- | --- |
| S/N | Name | Institution | Contact |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

Consent that my son/daughter ……………………………………………………………………………..

(Name of student)

Be admitted to pursue (course) ……………………………………………………………………………

I will be fully responsible for payment of all institute fees and other charges levied by the institute’s authorities in respect of the above mentioned student. I will also undertake to meet the cost of any property of the institutes lost/damaged rendered unacceptable by the same student.

Signature of Parent/Guardian/Sponsor:……………………………………. Date:………………………

**OFFICIAL USE ONLY**

Administration Office:

Signature:…………………………………………… Sign:……………………… Date:………………

Remarks:

**APPENDIX: B**

**CONFIDENTIAL**

**STUDENT NEEDS ASSESSMENT FORM**

You are kindly requested to give the following information as truthfully as possible, which may assist both the Ministry and the Institute in offering any required assistance.

**A: STUDENT PESONAL DETAILS**

NAME: AGE:

GENDER: MALE FEMALE: OTHER:

COURSE: COURSE DURATION:

HOME COUNTY: WARD/SUB:

HOME LOCATION: ADDRESS:

TEL No:/Mobile No Email:

**B: MARK THE CATEGORY THAT BEST DESCRIBES YOUR CIRCUMSTANCES**

(More than one category may be applicable)

Indicate with a tick whichever is correct, as applies to you

**1.** (i) Are you orphaned or parent deceased

An orphan Single Parent

(ii) Which among the parents is alive? (a) Mother

(b) Father

**2.** Are you living under difficult circumstances?

YES NO

If yes, which ones (i) IDP’s

(ii)ASAL (Arid and Semi Arid Land)

(iii)Urban Slums

(iv) Rural Poor

(v) Parents (s) with Terminal or chronic illness

(vi) Others (specify)

**3. Are you living with Any form of Disability? Yes. No.**

**If Yes please specify**

**4.** Who will be paying Your School Fees?

(a) Self sponsorship

(b) Employer

(c) HELB

(d) BOG

(e) Others (specify)



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**Port Reitz Road**

Tel: 0722330694/0711434216

**APPENDIX: C**

**Admission No.**

**STUDENTS’ MEDICAL EXAMINATION REPORT**

**IMPORTANT**

Students are requested to complete Part I of this form, Part II should be completed by the Medical Officer examining the student. The completed Form should be brought personally and presented to the Medical Registration Officers on the day of registration by the student. NB: No medical reports should be brought earlier or sent by post.

**PART I**

1. Surname: Other Names:
2. Date of Birth: Place of Birth Sex:
3. Nationality: Religion:
4. Marital Status: Mobile No:

**PART II**

(To be completed by the Examining Medical Officer from Recognized Hospital)

**a) Have you ever been admitted into a hospital?**

If so, state reason for admission and date:

**b) Have you had any of the following illness?**

1. Tuberculosis or other chest infection? (Yes/No)
2. Fits, nervous disease or fainting attacks? (Yes/No)
3. Heart Disease or Rheumatic fever? (Yes/No)
4. Any Disease of Genital Urinary system? (Yes/No)
5. Any disease of Digestive system? (Yes/No)
6. Allergies to food or drugs? (Yes/No)
7. Malaria? (Yes/No)
8. Sexually Transmitted Disease? (Yes/No)
9. Poliomyelitis? (Yes/No)

**a) If the answer to any of the above is Yes, Please give details with dates:**

**b) If there are any relevant details of your medical history not covered by the above question, please give particulars**:

**c) Has any member of your family suffered from:**

1. Tuberculosis? (Yes/No)
2. Insanity or Mental Illness? (Yes/No)
3. Heart Disease? (Yes/No)

**d) Have you been immunized against any of the following Diseases?**

1. Tetanus? (Yes/No) Date:
2. Poliomyelitis? (Yes/No) Date:

**e) Have you suffered from any of the following condition:**

1. **Visual Activity**: Without Glass R/6 L/6

With Glass R/6 L/6

1. **Hearing:** Right ear Left ear
2. **Condition of:** Nose:

Teeth:

Throat:

1. **Lymphatic Glands:**
2. **Circulation system:**
3. **Pulse**:
4. **Blood Pressure:** Systolic Diastolic
5. **Report on Respiratory system:**
6. Report on CHEST X-RAY (where necessary as per the clinical finding)

**f) Any observation on the following:**

Abdomen

Spleen

Evidence of Hernia

**g) Any observed physical defects in addition to general records of observations:**

If any, please Specify

Is the student on any treatment?

If any, please Specify

**h) Any other observation of Importance:**

**i) Medical Officer’s Name:**

Name of Hospital:

Medical Officer’s Signature:

Stamp of the Hospital: Date:

**RULES AND REGULLATION**

1. All students must participate in all college programmes and activities
2. All students must be decently and appropriately dressed and presentable at all times.
3. Any form of drug (e.g. Alcohol, miraa, bhang etc) is strictly prohibited
4. Students are strongly discouraged against any disrespectful behavior
5. All students should strive to cultivate an amiable relationship between them and all members of the community
6. All students MUST ensure that college property is properly looked after and utilized for the benefit of all users.
7. Gambling is prohibited on college ground.
8. College will not tolerate any conduct (verbal or physical) that constitutes harassment by any administrator, faculty member, staff member, or student.
9. All members of the College fraternity have the right to work and study in an environment free from all forms of sexual discrimination.
10. The possession and/or use of firearms, weapons and other propelling devices as well as explosives, such as fireworks, ammunition or chemicals that are explosive in nature, are prohibited in college.
11. No soliciting, canvassing is permitted to anyone on college without specific written permission from the dean of students or principal.
12. Students are expected to abide by all college rules and regulations.

**DECLARATION**I ……………………………………………….…ADM NO……………………….hereby declare that

1. I have read and understood these rules and regulations and further understand that breach of the said rules will lead to my suspension and/or expulsion from college.
2. I will meet expenses of any damage that I have caused to college property

Signature………………………………………Date…………………………………  
Parent/Guardian/ Sponsor Name …………………………………Signature……………

**FOR OFFICIAL USE**

Checked and Verified by:…………………………………………….

Signature:………………………. Date:…………………………….