OFFER OF ADMISSION FOR TRAINING UNDER KUCCPS PLACEMENT

Congratulations on being selected by Kenya Universities and Colleges Central Placement Services (KUCCPS).

You have been selected to pursue a course in Diploma in Mechanical Engineering for a period of three years at Kenya Coast National Polytechnic. You are required to report between 8th May 2019 and 13th May 2019.

Should you fail to report within this period your vacancy will be filled by other students on the waiting list.

Kindly utilize this opportunity well by meeting minimum attendance requirements and acquiring excellent results. All students are enrolled on condition that they strictly comply with all Polytechnic’s rules and regulations and abide by guidance for the Polytechnic management and staff.

Attached find the fee structure for your course payable to the polytechnic account:

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<th>ACCOUNT NAME</th>
<th>ACCOUNT NUMBER</th>
<th>BRANCH</th>
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<td>1106525027</td>
<td>Treasury Square Mombasa</td>
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<tr>
<td>LIPA NA MPESA</td>
<td>PAY BILL NO 859302</td>
<td>NAME OF THE STUDENT</td>
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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 & Photocopy of national identity card and birth certificate
- Original & Photocopy of school leaving certificate
- Original & Photocopy of KCSE/KCPE results slip/certificate
- Dully filled Medical Form and Student particulars form (provided by the institute)

Other Useful Information

- Limited hostel facilities are available for female students at Kshs 8000 and Kshs 1000 caution money for new students. Students are not allowed to make their own meals in the hostel but instead, the institute will provide meals at a subsidized rate in the cafeteria.

- Private hostels will be recommended to the male students ranging from Kshs12,000/= per term. (You are required to make your own arrangement)

- You are required to fill Appendix: A Form & Students’ Medical Examination Report and bring them on the reporting date.

Hostel Requirements for Female Students:

1. A student is required to come with the following items for personal use
   - A pair of bed sheets
   - Mosquito net
   - Bucket/ basin
   - Toiletries

The hostel will provide the following:


PATRICK NTIBA
REGISTRAR
APPENDIX: A

STUDENT’S PARTICULARS FORM

1. Course: ____________________________ Admission No: ____________
   (Diploma/Certificate/Artisan) Tick Appropriately
   Department: ____________________________ Year of Admission: ____________

2. Personal Particulars:
   Full Name: ______________________________________________________
   Year of Birth: ___________ Sex: _______ Nationality: _________________
   National ID No: _______________ Student’s Mobile No: ________________
   Home County: __________ Home Address: __________ Sub County: _________
   Mother’s Name: ___________ Occupation: _______ Mobile No: ____________
   Father’s Name: ___________ Occupation: _______ Mobile No: ____________
   Other Next of Kin’s/Guardian Name: ___________ Occupation: _______ Mobile No: ____________
   Name of Person to contact in case of an emergency: ___________ Mobile No: ____________
   Relationship: ______________

Sibling (Brothers and Sisters)
1. Name: _______________ Occupation: ___________ Mobile No: ____________
2. Name: _______________ Occupation: ___________ Mobile No: ____________
3. Name: _______________ Occupation: ___________ Mobile No: ____________

Sports of interest: ____________________________ Club /Society: ________________

A FIX PASSPORT SIZE PHOTO HERE
3. **Examinations Results:**

   Last Primary School Attended: ________________________ Class: ______________ 
   Year: ______ Mean Grade: ______ Index Number: ____________________________ 

   Last Secondary School Attended: _________________________ Form: ______________ 
   Year: ______ Mean Grade: ______ Index Number: ____________________________ 

   Trainee’s Signature: ________________________________ Date: __________________ 

Agreement to be filled and signed by the Parent/Guardian/Sponsor 

I: _____________________________________________________________ 
   (Name of Parent/Guardian/Sponsor) 

Of: ____________________________________________________________ 
   (Address) 

Telephone Number (Office): ______________ Mobile No: ______________ 

Consent that My Son/Daughter/Ward _______________________________ 
   (Name of Student) 

Be admitted to pursue (course): ____________________________________ 

As stated in the admission letter. 

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 institute lost/damaged or rendered unacceptable by the same student. 

________________________________________ 
Signature of Parent/Guardian/Sponsor 

Date: ________________________________ 

**Chief/Assistant Chief Declaration** 

I certify that the applicant is a resident of my area of jurisdiction and that I have checked that the information given and confirmed it to be true to the best of my knowledge. 

Name: ________________________________ Sign: __________ Date: __________ 

**Official Use** 

Administration Officer: ______________________ Sign: _________ Date: __________ 

Remarks: ________________________________________________________________
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 PERSONAL DETAILS

NAME: ________________________________________________________________ AGE: _______________

GENDER: MALE ___________ FEMALE ___________

COURSE: ________________________________ COURSE DURATION: ______________

HOME COUNTY: _________________________ WARD/SUB: _______________________

HOME LOCATION: _________________________ ADDRESS: _______________________

TEL 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 one parent deceased

   An Orphan ___________ Single Parent ___________

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

        (b) Father ___________

2. Are you living under difficult circumstance?

   YES ___________ NO ___________

   If Yes, which one(s) (i) IDP’s _______________________________

        (ii) ASAL (Arid and Semi Arid Land) ___________

        (iii) Urban Slums _____________________________

        (iv) Rural Poor ________________________________
3. Do you have any special need(s)

YES  ____________  NO  ____________

If Yes, which one(s)

(a) Physical Impairment  ____________

(b) Visual Impairment  ____________

(c) Hearing Impairment  ____________

(d) Terminal illness  ____________

(e) Other (Specify)  ____________

4. Who will be paying Your School fees

(a) Self sponsorship  ____________

(b) Employer  ____________

(c) HELB  ____________

(d) BOG  ____________

(e) Others (Specify)  ____________

5. Parents/ Guardians Economics Status (tick where applicable)

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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
i. Surname: ___________________ Other Names: ________________________________

ii. Date: _____________________ and Place of Birth ____________ Sex: ______________

iii. Nationality: ________________ Religion: ______________________________________

iv. 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?

i. Tuberculosis or other chest infection? (Yes/No)

ii. Fits, nervous disease or fainting attacks? (Yes/No)

iii. Heart Disease or Rheumatic fever? (Yes/No)

iv. Any Disease of Digestive system? (Yes/No)

v. Any Disease of Genital Urinary system? (Yes/No)

vi. Allergies to food or drugs? (Yes/No)

vii. Malaria? (Yes/No)

viii. Sexually transmitted Disease? (Yes/No)

ix. 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:

i. Tuberculosis? (Yes/No) 
ii. Insanity or Mental Illness? (Yes/No) 
iii. Heart Disease? (Yes/No)

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

i. Tetanus? (Yes/No) _______ Date: ______________. 
ii. Poliomyelitis? (Yes/No) _____ Date: ______________.

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

i. **Visual Acuity:** Without Glass R/6 __________ L/6 ____________ 
   With Glass R/6 ____________ L/6 ____________ 

ii. **Hearing:** Right ear _______________ Left ear ______________

iii. **Condition of:** Noise: _________________________________ 
     Teeth: ________________________________________________ 
     Throat: ______________________________________________ 

iv. **Lymphatic Glands:** ____________________________________

v. **Circulation system:** ____________________________________

vi. **Pulse:** ______________________________________________ 

vii. **Blood Pressure** ___________ Systolic ___________ Diastolic__________

viii. **Report on Respiratory system:** ________________________________ 
     ___________________________________________________________ 
     ___________________________________________________________ 
     ___________________________________________________________
ix. 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 observation:

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 the Hospital: _____________________________________________________

Medical Officer’s Signature: ______________________________________________

Stamp of the Hospital: ________________ Date: ____________________________
DRESS CODE

MALE STUDENTS

1. Shirts must cover the torso/chest at all times
2. Shirts must have sleeves (short or long sleeves)
3. Pants must reach from the waist to the knee level and below
4. Fabric should not be shear or flimsy
5. Design must not include foul language or graphics
6. Fit should be appropriate (avoid very tight clothes that may reveal your body)
7. Inner wear should not be revealed at all.
8. Students are not allowed to wear bathroom slippers (patapata or sandal) in the tuition area.
9. Caps and hats should not be worn in the compound (except on medical grounds).
10. Hair must be well groomed.

FEMALE STUDENTS

1. No plunging necklines (no exposing cleavage)
2. Hemline on skirts and dresses must cover the knees
3. Shirts, blouses, and top gear must cover the waist area.
4. All shirts and top wear must have sleeves (short or long)
5. Pants must reach from the waist to the knee level and below
6. Fit should be appropriate (avoid very tight clothes that may reveal your body)
7. Inner wear should not be revealed at all.
8. Fabric of clothing must not be transparent or flimsy.
9. Design must not include foul language and/or graphics.
10. Students are not allowed to wear bathroom slippers (patapata or sandal) in the tuition area.
11. Caps and hats should not be worn in the compound (except on medical grounds).
12. Head covering should leave the whole face clear and visible.

NOTE: All students should fully abide to the dress code, failure to which disciplinary action will be taken.

COMMITMENT: I agree to abide by the Polytechnic dress code.

NAME: ………………………………………………ADM NO: ………………………………………

COURSE: …………………………………………… CLASS: ………………………………………

SIGNATURE: ……………………………………… DATE: ………………………………………
MECHANICAL /BUILDING & CIVIL ENGINEERING(dip $ craft)

COURSE REQUIREMENTS

Materials

1. Dark blue overall
2. Safety boots
3. T –square(helix/clear plastic 750mm-1m)
4. Draftsman drawing set/mechanical drawing instruments
5. Engineers set squares[45°,30° ,60°]
6. Stationary (writing material)
7. Steadlar pencils (HB&2H)[German/great Britain]
8. Good quality eraser
9. Pencil sharpener
10. Scientific calculator
11. Mathematical tables (s.m.p advanced)

NB.

Students shall be advised by the subject tutors on the kind of text books to buy.

Dark Blue Overall will be bought at Mombasa Technical Training Institute @Kshs 1,100
**FEES STRUCTURE FOR COURSE IN: DIPLOMA IN MECHANICAL ENGINEERING COURSE W.E. F SEPTEMBER 2018 INTAKE: FOR GOVERNMENT SPONSORED STUDENTS**

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**OTHER CHARGES NOT INCLUDE ABOVE**

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**NOTE: ADDITIONAL FEE FOR KUCCPS STUDENTS KSH 1500.00**