



RIRAGIA TECHNICAL AND VOCATIONAL COLLEGE

P.O. Box 1809-40200

KISII

riragiatti@gmail.com



APPLICATION FOR ADMISSION FORM

Ref No: RTVC/ADM/F001

SECTION A

Please provide the following information;

NAME OF STUDENT:

EMAIL ADDRESS..... MOBILE NO:.....

NAME OF COURSE APPLIED FOR:

(a).....

(b).....

PROGRAM; KNEC; Diploma Certificate Artisan

NITA GRADE; 3 2 1

SECTION B

Please bring the following documents;

- (i) Original and photocopies of academic and professional certificates i.e. KCSE & KCPE Certificates /Result slips.
- (ii) National ID card (Both Sides)/National Passport.
- (iii) Birth Certificate.
- (iv) Recent colored passport size photo.
- (v) KRA pin certificate

CONDITIONS OF ADMISSION:

An application fee of **Kshs.500** for Self-Sponsored Students and **Kshs. 2,000** for Students admitted through KUCCPS and **Kshs.7, 500** part of college fees. (Paid once)

Note: College Fees for one academic Year is **Kshs.67,189**.

- Fees can also be raised through government Capitation
- Fees can also be raised through **Higher Education Loans Board and bursaries**

Fees must be paid to the College Account No. 1268855723 KCB Bank Kisii West Branch.

Or through Mpesa

MPESA Paybill Number: 522533

Account Number: 7628391

Business Name: Riragia TVC

NB: When inputting account number, type 7628391#admission number

PERSONAL DETAILS

National ID No..... Date of Birth..... Gender.....
Marital Status..... Phone. No.....
Home CountySub County.....
Ward.....Village.....
Home Constituency.....
Last School/Institution Attended.....
KCPE Index Number Year
KCSE Index Number.....Year.....
Home Postal Address.....
Email address.....
Nearest Market.....

DETAILS OF SPONSOR/PARENT/GUARDIAN

Full names.....
Phone No.....Postal address.....
Town.....Code.....
Relationship.....

In case of any emergency who should be contacted?

- 1. Name.....Phone. No.....
Relationship.....
Phone. No.....
- 2. Name.....Phone. No.....
Relationship.....
Phone. No.....

Which extracurricular activities would you like to participate in?

.....

Disability status

Are you a person living with disability? YES/NO
If yes, please specify the type of disability.....

.....
(Please attach Disability Card)

DECLARATION

I (names):ID NO:
declare that the information given above is true to the best of my knowledge.
Signed.....Date.....

Note; It is illegal to provide false or misleading information therefore disciplinary or legal action shall be taken against those found culpable.

Contacts: 0741-354-419 / 0783-609-174 Email: riragiatti@gmail.com

REGISTRY STAMP AND SIGNATURE