



Ministry of Education
 1 STATE DEPARTMENT FOR VOCATIONAL AND TECHNICAL TRAINING
KEROKA TECHNICAL TRAINING INSTITUTE
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TERMLY REGISTRATION FOR CONTINUING TRAINEES/ADMISSION CLEARANCE FORM

Student's Name:

Adm. No: Phone No.....

Department: Year and Month of intake.....

Course: Stage/Module:

Student's ID No: Signature: Date:

KCPE INDEX.....YEAR.....

KCSE INDEX.....YEAR.....

Admission Office

Name..... Signature/Stamp.....Date.....

Finance Office:

Name..... Signature & Stamp.....Date.....

Head of Department

Name..... Signature & Stamp.....Date.....

Dean of Students:

Name..... Signature & Stamp.....Date.....

Registrar:

Name..... Signature & Stamp.....Date.....

NOTE: This form must be surrendered at the Registrar's Office after admission before resuming classes.