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| **ROYAL COUNTY COLLEGE OF**    **TECHNOLOGY** | | | |
| **APPLICATION FORM** | | | |
| **READ THE INSTRUCTION BEFORE FILLING THE FORM**   1. COMPLETE ALL THE SECTIONS IN BLOCK LETTERS 2. ALL PARTS OF THE FORMS SHOULD BE FILLED 3. ATTACH SUPPORTING DOCUMENTS TO THIS LETTER(certificates)   Principal , royal county college of technology,  P.O BOX 4353-01002  MOBILE +254799256357, +245733756060  EMAIL: [royalcountycollegeoftechnology@gmail.com](mailto:royalcountycollegeoftechnology@gmail.com) | | | |
| 1. **APPLICANT’S DETAILS** | | | |
| FULL NAMES: | | GENDER: MALE { } FEMALE { } | |
| DATE OF BIRTH: | NATIONALITY: | | ID/PASSPORT NUMBER: |
| COUNTY | SUB-COUNTY: | | LOCATION: |

1. **PERMANENT ADRESS**

|  |  |
| --- | --- |
| P.O BOX | EMAIL: |
| TOWN: | MOBILE: |

1. **PARENT/GUARDIAN INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF THE FATHER: | PHONE NUMBER: | OCCUPATION: | DECEASED/ALIVE: |
| NAME OF THE MOTHER | PHONE NUMBER: | OCCUPATION: | DECEASED/ALIVE: |
| NAME OF THE GUARDIAN | PHONE NUMBER: | OCCUPATION: |  |

1. **EMERGENCY CONTACT**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: | PHONE NUMBER: | OCCUPATION: | RELATIONSHIP: |
| NAME: | PHONE NUMBER: | OCCUPATION: | RELATIONSHIP: |

1. **EDUCATIONAL BACKGROUND**
2. **PRIMARY EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF THE SCHOOL: | FROM(YEAR) | TO(YEAR) | CERTIFICATE AWARDED: | MEAN GRADE/TOTAL MARKS: |
|  |  |  |  |  |

1. **SECONDARY EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF THE SCHOOL: | FROM(YEAR) | TO(YEAR) | CERTIFICATE AWARDED: | MEAN GRADE/TOTAL MARKS: |
|  |  |  |  |  |

1. **DETAILS OF THE PROGRAM APPLIED**

|  |  |  |
| --- | --- | --- |
|  | COURSE LEVEL: | DIPLOMA { } CERTIFICATE{ } CRAFT { } ARTISAN { } |
|  | COURSE NAME: |  |
|  | MODE OF STUDY: | REGULAR { } PART-TIME { } |
|  | PREFERED INTAKE: | JANUARY { } MAY{ } SEPTEMBER { } |

1. **PREFFERED HOBBY**

|  |  |
| --- | --- |
| PREFFERED SPORT |  |

1. **STATE WHETHER YOU HAVE ANY SPECIAL NEED THAT REQUIRE SPECIAL REQUIREMNT**

|  |  |
| --- | --- |
| PLEASE TICK YES { } NO { } If yes state the need |  |

1. **ATTESTATION**

|  |
| --- |
| I hereby certify that the information given is correct and complete to the best of my knowledge, and hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application.  Signature………………………………………………. Date………………………………………………………………… |

**APPLICATION CHECKLIST**

1. Non-refundable application fee of ksh. 1000
2. Dully filled and signed application form
3. Copies of all academic certificates including primary and secondary certificates
4. 2 colored passports
5. Copy of national ID

**PAYMENT OF APPLICATION FEE**

ROYAL COUNTY COLLEGE OF TECHNOLOGY

COOPERATIVE BANK ACCOUNT NUMBER

**01192833652900**

OR

Through

Lipa na Mpesa

Business number: **400200** then account number **01192833652900**

Disclaimer:

Money once paid is not refundable