



NGONG TECHNICAL AND VOCATIONAL COLLEGE
 P O BOX 1170-00208, NGONG HILLS
 TEL: +254781012977
 Email: ngongtvc@gmail.com OR info@ngongtvc.ac.ke
 Website: ngongtvc.ac.ke



LETTER OF ADMISSION

Admission Number:

Name:
 Postal Address: Code: Town:
 Email Address: Tel No:

**Invitation to Pursue aCourse
 in the Department of:**

I am pleased to inform that you have been offered a place to pursue the course indicated above.

This course takes years.

You should report to the College betweenand of the year **2026**.

A) REQUIREMENTS ON ADMISSION

I. (a) Fees

On admission, you are required to pay fees as tabulated on the page 2.

II. NEW GOVERNMENT FUNDING APPLICATION

Following your placement by KUCCPS you are eligible for Government funding that comprises Government Tuition Scholarship and Tuition Loan and bursary to enable your education costs. If you need Government financial support, you **MUST** make an application for consideration through the official website <https://www.hef.co.ke/>, In case the Government Scholarship, Loan and bursary do not cover the entire cost (fees) of your course the deficit (balance) will be met by your parent/guardian.

You are required to apply for government scholarship and Loan through the following link before the stated deadline on the portal.

<https://portal.hef.co.ke/>

2. Documents

The following **DOCUMENTS (ORIGINAL AND COPIES)** will be required for verification on final admission:

- Original KCSE & KCPE result slip and/or certificate
- Original school leaving certificate
- Two passport size photographs recently taken.
- National ID and it's photocopy (persons under 18yrs exempted)
- Birth Certificate.

3. Departmental Requirements

Every department has its own specific requirements relevant to the demands of the course. These are provided separately by the concerned department.

4. This Admission Form Duly Filled.

B) NATURE OF THE COLLEGE

Ngong TVC is a Government Institution owned under the Ministry of Education, State Department of Vocational and Technical Training. It is registered by the Technical and Vocational Education and Training Authority (TVETA).

C) LOCATION

Ngong TVC is located in Kajiado County, Kajiado North Constituency, Ngong Ward, off the Ngong-Kiserian Road, next to St Joseph Catholic Church. Ngong TVC is about 23km from Nairobi Central Business District on matatu route No. 111.

D) FEES PAYMENT

S/NO	VOTE HEAD	TOTAL PER TERM (KSH)	TOTAL PER YEAR (KSH)
1.	Tuition (SES)	12,214	36,641
2.	Personal Emolument (PE)	4,293	12,879
3.	Local Travel & Transport (LT&T)	1,316	3,949
4..	Repair Maintenance & Improvement (RMI)	1,086	3,257
5.	Electricity, Water & Conservancy	1,316	3,949
6.	Activity Fund	1,505	4,514
7.	Medical fees	666	2,000
	Total	22,396	67,189

Levis.

S/No	Vote head	Amount (Ksh)	Period
1	KCCPS Registration	1,500	New placement
3	TVETA	500	Yearly
	Student Welfare	600	Termly
4	Student Id	500	Once on admission
	TOTAL	3,100	

The fees should be paid directly to the college bank account:

Bank Name: **Co-operative Bank**

Branch: **Ngong Branch**

Account Name: **Ngong Technical and Vocational College**

A/C No: **01129842414000**

Indicate the Student's Name and Admission number in the pay-in-slip. Submit the bank payment slip to College.

Signed

Official stamp

Regards



Simon Njoroge,

Principal/ BOG Secretary.



II. PERSONAL DETAILS FORM**PERSONAL DETAILS**

Surname: Other names:.....
 Gender: ID No: Date of Birth:.....
 Nationality:..... Home County: Sub County:.....
 Ward:..... Mobile No:
 Marital Status.....
 Name of Spouse if Married: Mobile No:.....
 Last School Attended and Address

.....
 KCPE Grades/ Index No/Year:.....
 KCSE Grades/ Index No/Year:

Parents/Guardian's/Sponsor's Name:.....
 Postal Address: Code:
 Mobile No:..... Tel. Landline:.....
 Nationality Home County:
 Sub County:..... Ward:.....
 Are you orphaned? Tick as appropriate. Yes ☐ NO ☐
 If Yes, state whether Partial or Full.....
 Names of Siblings below 18 years, if any.

.....
 Names of Siblings in other colleges if any, and name of college.

Do you suffer from any chronic ailment or disability that requires attention? Tick as appropriate.
 Yes ☐ No ☐
 If yes, bring a letter from your Doctor.

DECLARATION BY STUDENT

I Declare the above Information to be true.

Signature: Date:
 Date of Admission: Adm No:
 Course:.....
 Department:.....

RULES AND REGULATIONS

In every Institution there must be rules and regulations to guide the students and inculcate moral and responsible attitude in them. The following rules and regulations are not exhaustive and common sense and personal judgment is called for.

1. **Attendance:** All students are supposed to attend all lectures as per the timetable to be eligible for exam registration. Irregular attendance will result in a student being awarded a CNC results. Punctuality must be observed at all time.
 2. **Behaviour:** To promote good human and public relations all students must be courteous to staff, colleagues and visitors.
 3. **Attire:** all students should be dressed in a respectable manner that reflects responsible and mature students.
 4. **Smoking and consumption of alcoholic drinks:** Anyone found under the influence of alcohol or drugs will be dealt with firmly.
 5. **Loss and Damages:** Students are expected to care for college property at all times. Students will be charged for any loss or damage of institute property.
 6. **Academic performance:** Students who constantly perform poorly will be closely monitored. If no improvement is registered they will be discontinued.
 7. **Security:** The institute will take the necessary measures to maximize security in the institute. However, it is the responsibility of individual students to ensure safety of his/her personal belongings. `
 8. **Discipline:** All discipline cases will be dealt with in accordance with the Institute Disciplinary Procedures
 9. **Fees Payment:** Payment of fees (Tuition examination and boarding) must be paid in full to the schools account. Official receipts should be obtained for all payments.
- IAdm. No: do hereby commit myself to abide by the above rules and regulations.

Sign: **Date:**.....

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III. MEDICAL REPORT FORM

You are asked to fill in all details in part A and B of this form. Part C should be filled by a qualified health practitioner preferably from a recognized Government hospital. The dully filled form should be submitted to college during Registration.

PART A- PERSONAL DETAILS

- a) Surname: Other names:
 Date of Birth: Gender:.....
 Department: Admission No.: Tel. No:.....
- b) Name of parent/guardian:
 Postal Address & code:..... Telephone No:
- c) Name of next of Kin if different from parent/guardian:.....
 Relationship with student:.....
 Postal Address & code:Telephone No:

PART B- MEDICAL HISTORY

- a) Have you ever been admitted into a hospital? Yes/No. If Yes, state reason for admission and date.

.....

- b) i) Have you had any of the following illnesses? Tick as appropriate.

- | | | | | |
|-------|--|-----|--------------------------|--------------------------|
| (i) | Tuberculosis or other chest infections. | Yes | ☐ | ☐ |
| (ii) | Fits, Nervous disease or fainting attacks. | Yes | ☐ | ☐ |
| (iii) | Heart disease or Rheumatic fever. | Yes | ☐ | ☐ |
| (iv) | Allergies to food or drug. | Yes | ☐ | ☐ |
| (v) | Any other..... | | | |

- ii) If the answer to any of the above is Yes, please give details on period of treatment or hospitalization, mode of management recommended e.t.c.

.....

- c) Give any other details of your medical history.....

.....

- d) Has any member of your family suffered from? Tick as appropriate.

- | | | | | |
|--------------------------|-----|--------------------------|----|--------------------------|
| (i) High blood pressure. | Yes | ☐ | No | ☐ |
| (ii) Diabetes. | Yes | ☐ | No | ☐ |

- e) Have you been immunized against the following disease?

- | | | | | | |
|-----------------------|----|--------------------------|-----|--------------------------|------------|
| (i) Small Pox. | No | ☐ | Yes | ☐ | Date:..... |
| (ii) Tetanus. | No | ☐ | Yes | ☐ | Date:..... |
| (iii) Polio mellitus. | No | ☐ | Yes | ☐ | Date:..... |

Student's signature: **Date:**

PART C – TO BE FILLED BY GOVERNMENT MEDICAL OFFICER.

a) Height..... Weight

b) Visual Acuity.

Without Glasses R6/..... L6/.....

With Glasses R6/..... L6/.....

c) Hearing. Right ear..... Left ear

d) Condition of:

➤ Teeth.....

➤ Nose.....

➤ Throat.....

e) Lymphatic Glands

f) Circulation System.....

g) Blood Pressure:

Systolic Diastolic

f) Respiratory System:.....

g) X-ray chest if necessary:

.....

h) Urine in PREGNANCY TEST

Sugar

Abdomen.....

Spleen.....

Any evidence of Hernia.....

Any evidence of Hemorrhoids.....

Any observable defects in addition to general record of observation. Please specify

.....

Name of Medical officer.....

Hospital

Postal Address.....Telephone No.

Signature Date.....

Official Rubber Stamp.....

PART D – FOR OFFICIAL USE ONLY

Special Remarks.....
.....
.....
.....
.....

Name of Dean/Matron/Clinical Officer:

Signature: Date.....

Official Rubber Stamp.....