MINISTRY OF EDUCATION
State Department for Technical, Vocational Education and Training
MACHAKOS TOWN TECHNICAL AND VOCATIONAL COLLEGE
P.O Box 3544-90100, MACHAKOS.
Email: machakostowntvc@gmail.com info@machakostowntvc.ac.ke
Website: www.machakostowntvc.ac.ke Tel: 0113814680 or 0784604682
Excel in Skills and Technology

DATE……

NAME:_____

RE: ADMISSION LETTER

I am pleased to inform you that you have been offered a place at Machakos Town Technical and Vocational College to pursue: ……...

This course takes. ……Modules

Your admission number is ...…….

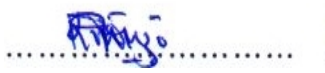
You are expected to report on.....

On behalf of the College Board of Management, I congratulate you on the opportunity to pursue higher education at Machakos Town Technical and Vocational College. We take great pride in helping our trainees to achieve their academic goals and exploit their potential in an environment that encourages innovation.

Refer to our website for any information and feel free to contact us if you encounter any Challenges.

On admission, provide a duly filled personal details form.

Yours sincerely,



Dr. Timothy Kilonzo, PhD

Principal/Secretary BoG

Machakos Town TVC

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REQUIREMENTS ON ADMISSION

1. Please see attached Fee Structure. Students are encouraged to apply for HELB loan to cover certain percentage of tuition fees.
2. Original and photocopies of the following documents will be required for verification and filling on admission

- KCPE & KCSE Result slip or certificate
- School leaving certificate
- Two recently taken passport-size photographs
- National ID or Waiting
- Birth certificate
- Parents' ID copies or one if of a single parent
- Death Certificate of parent (If any)

3. Departmental requirements: Every department has its specific requirements relevant to the demands of the course. Please find your specific course requirements on the college website. The list will also be provided on the admission day.

4. One ream of printing papers.

5. The Admission Letter.

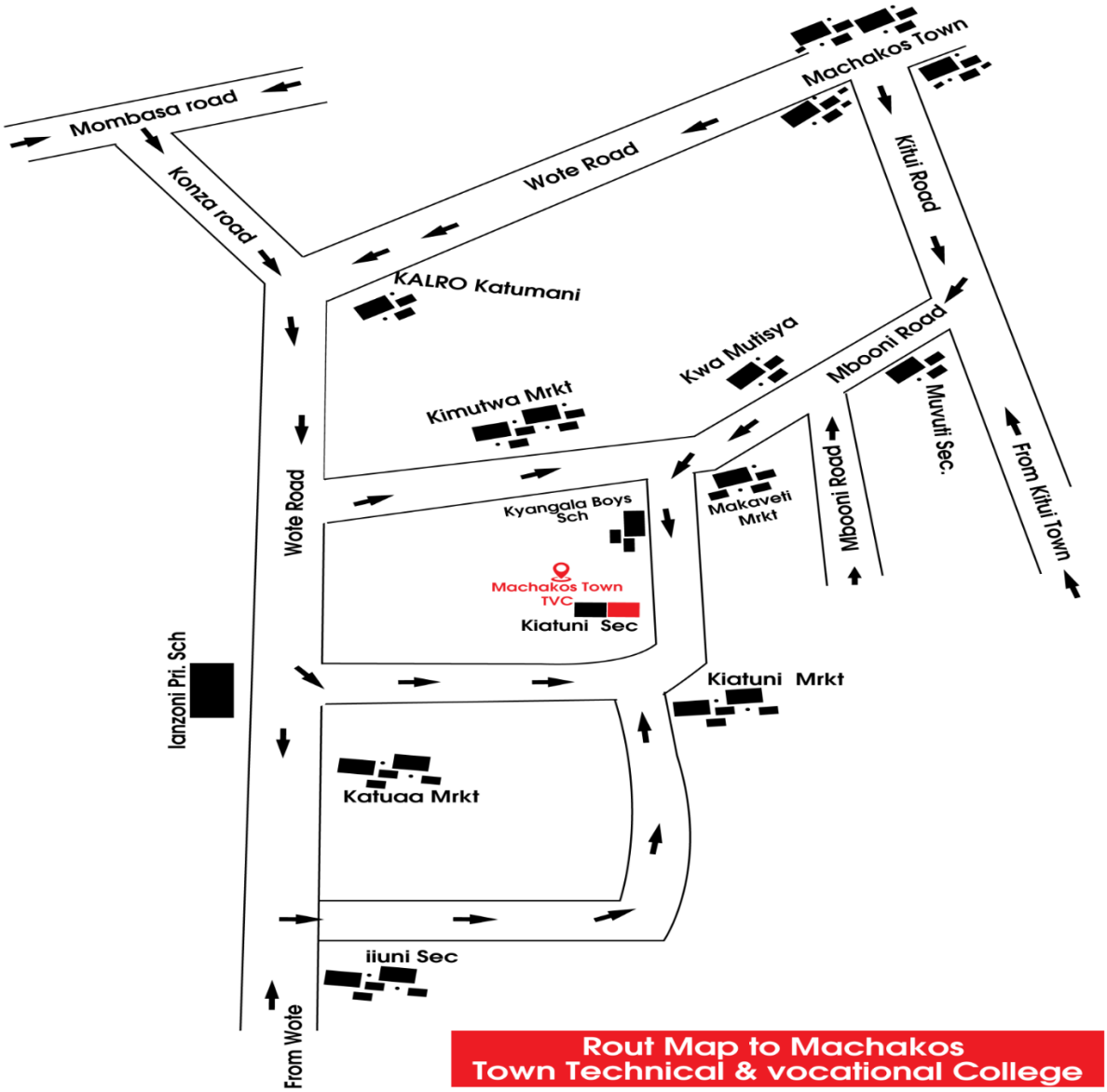
6. Two spring files.

7. **HOSTELS** – Hostels are privately owned by landlords at fair rates and the college management will direct you to the hostels. Carry personal requirements such as mattress, beddings, Meko and cooking utensils

NATURE AND LOCATION

Situated in Kiatuni market, near Kyangala Sub –County administrative Offices, Kalama Sub-County, Machakos Town constituency, Machakos County.

How to reach us.



FEES STRUCTURE FOR MODULARISED CURRICULUM				
Vote head	**1st Module**	**2nd Module**	**3rd Module**	**TOTAL**
Tuition	12,214	12,214	12,214	36,641
Personal Emoluments	4,293	4,293	4,293	12,879
Electricity, Water & Conservancy	1,316	1,316	1,316	3,949
Local Transport & Travel	1,316	1,316	1,316	3,949
Repairs, Maintenance & Improvement	1,086	1,086	1,086	3,257
Activity	1,505	1,505	1,505	4,514
Medical & Insurance	667	667	667	2,000
TOTAL	**22,396**	**22,396**	**22,396**	**67,189**

ALL FEES ARE PAYABLE VIA:

1. Bankers Cheque
   OR
2. Deposit Cash at Any KCB Bank
   A/C Name: Machakos Town TVC
   A/c No: **1322796858**
   OR
3. Lipa na M-pesa
   Pay Bill: 522 522
   Account No. **7794517#ADM NO**
   Please Note: We DO NOT accept cash.

Yours sincerely,

Dr. Timothy Kilonzo, PhD
Principal/Secretary BoG
Machakos Town TVC

RULES AND REGULATIONS

The following rules and regulations are not exhaustive and common sense and personal judgment

is called for:

1. Attendance: All trainees are expected to attend at least 70% of the lectures as per the timetable to be eligible for exam registration. Irregular attendance will result in the trainee being awarded INCOMPLETE results. Punctuality must be observed at all times.

2. Behavior: To promote good human and public relations, all trainees must be courteous and respectful to staff, colleagues and visitors.

3. Attire: All trainees should be dressed in a respectable manner that reflects responsibility and maturity.

4. Smoking and consumption of alcoholic drinks: Drugs of any form are strictly prohibited on school premises. Anyone found under the influence of alcohol or drugs will be dealt with firmly.

5. Loss and Damages: Trainees are expected to care for college property at all times. Trainees will be charged for any loss or damage to college property.

6. Academic performance: Trainees who constantly perform poorly will be closely monitored. If no improvement is registered, they will be discontinued.

7. Security: The college will take all necessary measures to ensure security within the institution. However, it is the responsibility of individual trainees to ensure their safety and that of their personal belongings.

8. Discipline: All discipline cases will be dealt with by the college's disciplinary procedures.

9. Fees payment: Tuition and examination fees must be paid in full to the school's account. Official receipts should be obtained for ALL payments.

I……. Adm. No…… Will abide by the above rules and regulations and any other instructions issued by the college authorities.

Sign: …….. Date: ……

PERSONAL DETAILS

SURNAME…… OTHER NAMES: ……
GENDER…… ID NO: ……
DATE OF BIRTH: ……
NATIONALITY: ……
LOCATION: ……
DISTRICT: …… COUNTY ……
MOBILE NO: ……
MARITAL STATUS ……
NAME OF THE SPOUSE IF MARRIED: ……
NAME AND ADDRESS: ……
MOBILE NO: ……
PARENTS/GUARDIAN'S/SPONSOR'S NAME
……
P.O. BOX: ……
MOBILE: …… ……
NATIONALITY: ……
SUB-LOCATION: …… LOCATION: ……
DIVISION: …… DISTRICT: ……
COUNTY: ……
IF ORPHANED STATE WHETHER PARTIAL OR FULL ……
CHILDREN IN OTHER COLLEGES
……
……
……
……

DO YOU SUFFER FROM ANY CHRONIC AILMENT OR DISABILITY THAT REQUIRES ATTENTION? YES/NO
IF YES ATTACH A MEDICAL LETTER FROM YOUR DOCTOR
I DECLARE THE ABOVE INFORMATION TO BE TRUE

DATE OF ADMISSION…… ADM NO: ……
COURSE: ……

SIGNATURE: …… DATE: ……

MEDICAL REPORT

You are asked to fill in all details in parts A and B. Part D should be filled by a qualified health practitioner preferably in a recognized hospital. The completed form should be handed in during Registration.

PART A-PERSONAL DETAILS

a) Surname: _____Other names: _____

Date of Birth:_____Gender:_____

Department:_____Admission Number:_____Tel: _____

Name of Parent/Guardian……

Address and Telephone No……

Next of Kin: ……

Address and Telephone No.....

PART B - MEDICAL HISTORY

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

.....

.....

b) Have you had any of the following illnesses?

(i) Tuberculosis or other chest infections Yes/No

(ii) Fits, Nervous disease or fainting attacks Yes/No

(iii) heart disease or Rheumatic fever Yes/No

iv)Allergies to food or drug Yes/No

(v) Any other ___

If the answer to any of the above is yes, please give details on the period of treatment or hospitalization or mode of management recommended etc.

_____

_____

c) Give any other details of your medical history _ _____

d) Has any member of your family suffered from this?

(i) High blood pressure Yes/No

(ii) Diabetes Yes/No

a) Have you been immunized against the following disease?

(i) Smallpox Yes/No –Date _____

(ii) Tetanus Yes/No –Date _____

(iii) Polio Mellitus Yes/No –Date _____

(iv) Covid 19 Yes/No – Date _____

Trainee's Signature: _____Date: .....

PART C-FOR OFFICIAL USE ONLY

Special Remarks _____

Name of Dean .....

Signature_____Date _____

Official Rubber Stamp _____

PART D-TO BE FILLED BY THE MEDICAL OFFICER

a) Height _____Weight _____

b) Visual Acuity

Without Glasses R6 L6/

With Glasses R6 L6/

c) Hearing Right ear _____ Left year _____

d) Condition of Teeth _____

Nose Throat .....

e) Lymphatic Glands _____

Circulation system _____Blood pressure _____

Systolic _____Diastolic _____

f) Respiratory System _____

g) X-ray chest if necessary

h) Urine_____

Sugar _____

Abdomen _____

Spleen _____

Any evidence of Hernia .....

Any evidence of Hemorrhoids .....

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

Name of Medical Officer _____

Hospital _____

Address and Telephone _____

Signature: _____ Date: .....

Official Rubber Stamp

SUMMARY FORM

FILL IN CAPITAL LETTERS

PERSONAL DETAILS

FIRST NAME | **MIDDLE NAME** | **LAST NAME**

DATE OF BIRTH | **GENDER** | **ID NO.** | **TEL. NO.**

PARENT/GUARDIAN'S NAME | **ADDRESS** | **GUARDIAN'S PHONE NO.**

ACADEMIC DETAILS

KCPE INDEX NO. | **KCPE MARKS**

KCSE INDEX NO. | **KCSE GRADE**

COURSE APPLIED FOR:

HOW DID YOU HEAR ABOUT US?

- ☐ KUCCPS
- ☐ RADIO
- ☐ CALLING LETTER
- ☐ ONLINE (FACEBOOK, WEBSITE, GOOGLE.)
- ☐ OUTREACH (CHURCH, MARKETING)
- REFERRED BY …….

SIGN: …… **DATE: ……**

ADMITTED BY……..... SIGN.....

DATE.....

MEDIA AND DATA PROTECTION CONSENT FORM

Section A: Data Subject Information

Full Name of Data Subject:
Admission/Staff Number:
Mobile Number:
Email Address:
Date of Birth:
If Student is under 18: Parent/Legal Guardian Name:

Section B: Consent for Processing Personal Data (Images/Videos)

Machakos Town TVC seeks your explicit consent to collect, process, and publish your personal data (in the form of photographs and video recordings) for the specific purposes of promoting the college, its programs, and its achievements.

1. Purpose of Processing

I understand and consent to my photographs and/or video recordings being collected and used by Machakos Town TVC for the purpose of promoting the college, celebrating student/staff achievements, and marketing its programs and events.

2. Specific Use and Platform Disclosure

I specifically consent to the use of my images/videos in the following media formats and platforms:

[ ] College Website and Intranet: For news, galleries, and program pages.
[ ] Official Social Media Platforms: Including, but not limited to, Facebook, X (Twitter), Instagram, and YouTube.
[ ] Print Materials: Including brochures, banners, newsletters, and annual reports.
[ ] Press/Media Releases: Sent to third-party news outlets for publicity.

3. Duration and Archiving

I understand that the images and videos may be kept by Machakos Town TVC for up to five (5) years for promotional use, or permanently in the College's digital archive for historical record, unless I withdraw my consent.

I acknowledge that content posted on social media and the internet may be viewed globally, including in countries that may not have data protection laws equivalent to the Kenya DPA, and I agree to this international transfer.

Section C: Data Subject Rights and Withdrawal of Consent

Under the Kenya Data Protection Act, 2019, you have the right to request access to your data, request correction of inaccurate data, and object to the processing of your data.

Right to Withdraw Consent:

I understand that I have the right to withdraw this consent at any time by submitting a written or email request to the College Data Protection Officer (or the designated contact).

I acknowledge that withdrawal of consent will apply moving forward only. The College will immediately cease using the image in new materials but cannot recall content that has already been published in print (e.g., brochures already distributed) or permanently posted online (e.g., content shared by third-party media or social media users).

Section D: Declaration and Signature

I confirm that I have read and fully understand the conditions and purposes of this consent form as outlined in Sections B and C. I give my free, specific, informed, and unambiguous consent to the processing and publication of my personal data (photographs/videos) by Machakos Town TVC as described above.

Signature of Data Subject:

Name:

Date: