

Ministry of Education
State Department for Vocational & Technical Training

SIALA TECHNICAL TRAINING INSTITUTE



P. O. Box 164-40404, RONGO
Mobile: +254 (0)706633334
Email: sialainstitute@gmail.com
Website: www.sialatech.ac.ke



TRAINEE REGISTRATION FORM

[To be filled in duplicate: After registration leave one copy at the Registry Office, and retain one copy]

STEP ONE- TRAINEE'S DETAILS

Name of the trainee _____ Admission No. _____
e.g. DAE/1345/2022J

Course _____ Module _____

Tick (✓) in the appropriate box *Continuing trainee* *New trainee*

STEP TWO- ACCOUNTS OFFICE

Term's fee to be paid: Kshs _____

Amount paid in Kshs. _____ Fee balance: Kshs. _____

Amount in words _____

Name of Accounts Clerk _____ Sign: _____ Date _____

STEP THREE-DEAN OF TRAINEES

HELB Loan: Status _____ Sign _____ Date _____

STEP FOUR-HEAD OF DEPARTMENT (Please update the List of the class)

Class allocated _____ Sign _____ Date _____

STEP FIVE – INDUSTRIAL LIAISON OFFICE

Comment(s) _____

Name _____ Sign: _____ Date _____

ILO

STEP SIX- REGISTRAR

Comment(s) _____

Name _____ Sign: _____ Date _____

Registrar