

Ministry of Education
State Department for Vocational & Technical Training
SIALA TECHNICAL TRAINING INSTITUTE



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APPLICATION FOR ADMISSION

The applicant should complete this form in BLOCK LETTERS in the spaces provided

SECTION A

1. Name _____
 (First name) (Middle name) (Last name)
2. Gender Male: female:
3. Date of Birth _____
4. ID No /passport no./Birth Certificate _____
5. Marital Status _____
6. Disability Description _____
7. Personal Contact _____
8. Postal Address _____
9. Physical Address _____
10. County _____ Sub County _____
 Location _____ village _____
11. Contact of guardian/sponsor _____

SECTION B

1. Course Applied for _____
2. KCPE Index No/year _____
3. KCSE Index No/ year _____ Grade Attained _____
4. Last TVET program _____
5. Mode of study: fulltime: part-time:
6. Knowledge about the School:
 - o Friends
 - o Staff
 - o Website
7. Once this form is completed, send it together with photocopies of relevant documents to:

THE PRINCIPAL
SIALA TECHNICAL TRAINING INSTITUTE
P.O BOX 164-40404, RONGO

Quality Policy Statement: Committed to Providing Quality Technical, Industrial, Vocational and Entrepreneurship Training.

