



RIFT VALLEY TECHNICAL TRAINING INSTITUTE

P. O. BOX 244 – 30100 Eldoret. Tel: 0704244244, 0733244240, 0729621773

STUDENT’S PARTICULARS:

1. NAME:
2. MARITAL STATUS:..... TEL.NO:.....
3. FATHER’S NAME (ALIVE/DECEASED).....
4. MOTHER’S NAME (ALIVE/DECEASED).....
5. GUARDIAN’S NAME (Any other person who can be contacted in case of a problem)
..... TEL. NO.....
6. PERSON RESPONSIBLE FOR FEE PAYMENT..... TEL:.....
7. GUARDIAN’S/NEXT OF KIN TEL. NO.....
8. HOME ADDRESS:.....
9. PHYSICAL ADDRESS:
COUNTY:..... SUB-COUNTY.....
LOCATION:..... WARD:
- CHIEF’S NAME/COUNTY REPRESENTATIVE.....

I declare that the above information is correct to the best of my knowledge.

Student’s Sign:..... Date:.....

10. FEES POLICY

FEES ONCE PAID IS NOT REFUNDABLE

11. DECLARATION BY PARENT/GUARDIAN

If my son/daughter has to have hospital treatment, I am prepared to pay the hospital charges. I wish him/her to be admitted to: (Tick appropriately):

- (a) The **Uasin Gishu Memorial Hospital**.
- (b) The **Eldoret Hospital**
- (c) The **Moi Teaching and Referral Hospital**
- (d) **Mediheal Hospital**
- (e) Others: (Specify).....

Parent/Guardian’s

Name:..... Sign..... Date:.....



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