



**MINISTRY OF EDUCATION  
STATE DEPARTMENT OF VOCATIONAL AND TECHNICAL TRAINING**

**GATUNDU SOUTH TECHNICAL AND VOCATIONAL COLLEGE**



P. O. Box 102 - 01030 GATUNDU, Telephone: 0797255245  
E - Mail: gatundusouthtvc@gmail.com

**GSTVC/ADM/REG/APP/FORM 1**

**APPLICANT'S PERSONAL DETAILS**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH (DD/MM/YY) \_\_\_\_\_ GENDER \_\_\_\_\_ TEL: \_\_\_\_\_

ID /PASSPORT NUMBER \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

NATIONALITY \_\_\_\_\_ E-MAIL \_\_\_\_\_ DATE \_\_\_\_\_

KCSE INDEX NO. (in full): \_\_\_\_\_ YR \_\_\_\_\_ KCPE INDEX NO. (in full) \_\_\_\_\_ YR \_\_\_\_\_

**EDUCATION DETAILS**

COURSE APPLIED FOR \_\_\_\_\_  
(Indicate the level: Diploma, Craft Certificate or Artisan)

LAST SCHOOL ATTENDED \_\_\_\_\_ YEAR \_\_\_\_\_

MEAN GRADE ATTAINED: \_\_\_\_\_  
ENGLISH/KISW \_\_\_\_\_  
MATHS \_\_\_\_\_  
PHYSICS \_\_\_\_\_  
CHEMISTRY/PHYSICAL SCIENCE \_\_\_\_\_  
BIOLOGY/BIOLOGICAL SCIENCE \_\_\_\_\_

OTHER QUALIFICATIONS \_\_\_\_\_

**PARENT'S/GUARDIAN'S DETAILS**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

IDENTITY CARD NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

E-MAIL \_\_\_\_\_

P.O. Box \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ TOWN \_\_\_\_\_

**NOTE: ATTACH PHOTOCOPIES OF: KCPE CERTIFICATE, KCSE CERTIFICATE/RESULT SLIP, ID CARD, LEAVING CERTIFICATE AND BIRTH CERTIFICATE.**

**OFFICIAL USE ONLY:**

**Candidate qualified for the Course Yes No?** \_\_\_\_\_

**Remarks:**

\_\_\_\_\_