



MINISTRY OF EDUCATION
CHERANGANY TECHNICAL AND VOCATIONAL COLLEGE
DEVELOPING SKILLS FOR ECONOMIC EMPOWERMENT
P.O BOX 335-30200 KITALE, KENYA.
Email: cheranganytti@gmail.com
TELEPHONE: 0743836414/0762836414



Email: cheranganytvc@gmail.com

website: www.cheranganytechnical.ac.ke

TRAINEE'S NAME: _____

ADDRESS: _____

TOWN/CITY: _____

PHONE NUMBER: _____

RE: ADMISSION LETTER

Dear _____

We are pleased to inform you that you have been offered admission to **Cherang'any Technical and Vocational College** to pursue a course in _____

Level: _____

Your admission is based on the qualifications you presented and is subject to verification by the relevant academic authorities. The reporting date is _____. Kindly ensure you report to the college on or before this date for registration and orientation. To succeed, we expect you to be self-disciplined, focused, and committed to the formal and informal curricula provided at this institution to attain outstanding results

INDUSTRIAL TRAINING / MENTORSHIP

All trainees will be required to proceed on Attachment /Mentorship in the course of their study. Attachment/Mentorship fees will be payable one term before Attachment/Mentorship begins.

1. DIRECTION TO THE INSTITUTION

Cherang'any Technical and Vocational College is located in **Kibuswa Centre** about forty (40) Kilometers South East of Kitale town, along the Kitale – Cherang'any – Ziwa Road.

Welcome to Cherang'any Technical and Vocational College.

2. For admission to the college, trainees will be required to pay the following to the institute account below:

- Admission fee: Ksh 1,200 (KUCCPS/Admission fees/College ID)
- Minimum fees of ksh.5, 000. The balance will be paid once students are placed in their respective bands by Higher Education Loans Board (HELB)

3.If you accept this offer, you will be required to apply for Government scholarship and HELB Loan, by logging into the Higher Education Fund(HEF) Portal at **www.hef.co.ke**.The process can be done at the **College Huduma Centre** located at the Registry, or at any nearby cyber café.

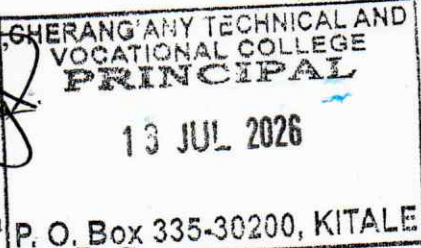
4. PAYMENT DETAILS

Mode of Fees Payment: Deposit the money in the fee collection Bank account and obtain a deposit slip Or through Mpesa
a. BANK NAME: COOPERATIVE BANK- KITALE BRANCH. A/C No.: 01139841437500 OR b. LIPA NA MPESA PAY BILL :400222 A/C No.: 1012893#Student Name E.g. 1012893#Jane
NB: Personal cheques and cash will not be accepted. FEES ONCE PAID IS NOT REFUNDABLE

We congratulate you on your admission and warmly welcome you to the **Cherang'any Technical and Vocational College** community. We are confident that your time here will be rewarding, and we look forward to supporting your academic and professional journey.

If you have any questions, feel free to contact the admissions office via 0743836414 or 0762836414.

Yours sincerely,



Norbert Wafula
Principal/Secretary BoG

P. O. Box 335-30200, KITALE



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FEE STRUCTURE FOR 2025/2026 –FOR NEW FUNDING MODEL

S/NO	VOTEHEAD	YEAR 1			Year 2			Year 3		
		Level 6 / Level 5 /Level 4			Level 6/ Level 5			Level 6		
		MOD 1	MOD 2	TOTAL	MOD 3	MOD 4	TOTAL	MOD 5	MOD 6	TOTAL
1	TUTION	17,046	17,046	34,092	17,046	17,046	34,092	17,046	17,046	34,092
2	P. EMOLUMENTS	6,679	6,679	13,358	6,679	6,679	13,358	6,679	6,679	13,358
3	E.W.C	1,849	1,849	3,698	1,849	1,849	3,698	1,849	1,849	3,698
4	L.T&T	1,849	1,849	3,698	1,849	1,849	3,698	1,849	1,849	3,698
5	R.M. I	2,057	2,058	4,115	2,057	2,058	4,115	2,057	2,058	4,115
6	ACTIVITY	2,114	2,114	4,228	2,114	2,114	4,228	2,114	2,114	4,228
7	MEDICAL & INSURANCE	2,000	2,000	4,000	2,000	2,000	4,000	2,000	2,000	4,000
	TOTAL FEES	33,594	33,595	67,189	33,594	33,595	67,189	33,594	33,595	67,189

Note: All students admitted as from September 2023 are eligible for a Government Scholarship, Loan and Bursary to assist with your educational expenses. If you need Government financial support, you MUST make an application for consideration through the official website www.hef.co.ke. In case the Government Scholarship, Loan and do not cover the entire cost of your programme, the deficit will be met by your parent/guardian.

	BAND 1	BAND 2	BAND 3	BAND 4	BAND 5
GOK Financing	92.50%	88%	82%	78%	73%
Scholarship	47,032.30	40,313.40	33,594.50	26,875.60	20,156.70
Loan	15,117.53	18,812.92	21,500.48	25,531.82	28,891.27
Household Parents/Guardians	5,039.18	8,062.68	12,094.02	14,781.58	18,141.03
Total	67,189.00	67,189.00	67,189.00	67,189.00	67,189.00
Upkeep	18,600.00	17,600.00	15,600.00	14,600.00	13,600.00

All new students to pay

Service	AMOUNT
Admission fee (KCCPS Adoption fee, College ID, Medical fee and Registration fee) paid once during admission	1,200.00
Examination fee per unit of competency	1,500.00

- All fees must be deposited to Cooperative bank, Kitale branch A/c number 01139841437500 or by Banker's cheques. **STRICTLY NO CASH.**
- Fees also can be payed via M-pesa paybill as follows;
Business number 400222 Account number 1012893#Student name. i.e 1012893#Joan
- All new students will be required to pay at least Kshs.5,000 as part of household/Guardians fee. Payment by installments is accepted.

NORBERT W. WAFULA
PRINCIPAL

PRINCIPAL
 CHERANG'ANY TECHNICAL
 AND VOCATIONAL COLLEGE
 P.O. Box 335-30200, KITALE
 Date: Sign:

All correspondence to be addressed to the principal | CHERANGANY TVC



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STUDENT PERSONAL DETAILS FORM

Please note that admission will not be complete until this form is completed and submitted to the registrar's office

STUDENT PERSONAL DETAILS

Name: _____ ID No: _____ P.o.Box: _____ Zip Code _____
Town: _____ Email: _____ Mobile _____
Reg. No: _____ Gender: _____ Pin No: _____
County: _____ Sub-County: _____
Location: _____ Village: _____
Date of Admission(dd/mm/yyyy): ____/____/____ Course: _____

EDUCATION DETAILS

i. KCSE Index No: _____ Year: _____ NEMIS Code _____
ii. KCPE Index No: _____ Year: _____ NEMIS Code _____

PARENTS/GURDIAN'S DETAILS

i. PARENT

(Name): _____ Email: _____
Phone: _____ P.o. Box: _____ Code: _____ Town: _____

ii. GUARDIAN

(Name): _____ Email: _____
Phone: _____ P.o. Box: _____ Code: _____ Town: _____

PAYMENT OF SCHOOL FEES

Please indicate here who will be responsible for payment of school fees (Tick appropriately)

Parent ☐ Guardian ☐ Sponsor ☐
Name: _____ P.o. Box: _____ Phone: _____
If guardian/ Sponsor, state the relationship _____
Signature: _____ Date: _____

DECLARATION BY TRAINEE

This is to confirm that I DO ACCEPT the offer and terms and conditions of the college and **PROMISE TO ABIDE** by all the rules and regulations governing the conduct and discipline of trainees of Cherang'any Technical and Vocational College which I have read and understood.

Name _____ Signature _____ Date _____



TRAINEE'S REGULATIONS

- i. Class attendance is compulsory and Punctuality is essential. All assignments, CATS and Exams **MUST** be done as required.
- ii. All trainees are expected to maintain high **ACADEMIC STANDARDS** throughout the course. Supplementary examinations are a **MUST** for trainees who perform poorly in **COLLEGE EXAMS**. For trainees who persistently perform poorly the **ACADEMIC BOARD** may recommend for their discontinuation forthwith.
- iii. Trainees should observe personal hygiene and dress neatly. Trainees will attend to cleanliness requirements in classrooms. They are further expected to keep the compound neat and tidy.
- iv. Smoking and drinking is prohibited in the institute. Disciplinary action shall be taken against trainees found smoking or under the influence of alcohol/ drugs.
- v. Handling, possession, and consumption of unauthorized drugs is prohibited in the institute and is a criminal offence punishable by law.
- vi. Respect and care of institutional property is important. Trainees will have to account for any losses/damages.
- vii. All visitors for trainees should report to the Dean of student's office first. They **MUST** leave the compound by 6:00 p.m.
- viii. Each trainee shall seek to observe, respect, promote rights and fundamental freedom, and exhibit responsible behavior to all staff, visitors and colleagues. Problems if any shall be solved through the proper laid down channels (Offices). Participation in illegal meetings and processions can lead to Disiplinary action.
- ix. No trainee shall be discriminated against directly or indirectly on grounds of race, gender, ethnic or social origin, color, disability, religion or tribe.
- x. Abortion is **NOT** permitted and any trainee found to have procured or attempted to procure an abortion shall be handed over to the law enforcing agencies.
- xi. In the event of a breach of any of the above regulations, the **DISCIPLINARY COMMITTEE** may give the trainee a verbal/ written warning or suspension from the institute. The committee can also recommend for further disciplinary measures by the Board Of Governors. Once suspended, the trainee will be expected to leave the compound immediately and stay away for the period specified in the letter.
- xii. On returning back, such trainee **MUST** appear before the **DISCIPLINARY COMMITTEE** of the institute accompanied by a registered parent/guardian.
- xiii. For change of course, permission **MUST** be obtained from the **REGISTRAR**, and it is possible only when he/she meets the requirements and other factors will as well be considered e.g. vacancies in the desired course etc.
- xiv. Trainees are encouraged to use common sense at all times.

NAME.....SIGNATURE.....DATE.....

PARENT/GUARDIAN.....SIGNATURE.....DATE.....



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MEDICAL EXAMINATION FORM

Note: Applicants **MUST** get this form completed by a **registered Medical Practitioner**.

PAYMENT FOR MEDICAL EXAMINATION IS THE SOLE RESPONSIBILITY OF THE APPLICANT.

1	<u>Eyes and vision:</u> a) Unaided right – Left b) Aided Right – Left c) Color blind d) Visual field	
2	Nose and Throat: In nasal breathing Habitual Adenoids	
3	Mouth and Teeth	
4	Ears: Hearing, voice: - Right -Left	
5	Glands in the Neck	
6	<u>Chest, Heart:</u> With special reference to any tubercular tendencies	
7	Spinal column	
8	a) Urine b) Feaces	
9	Spleen liver Piles and Varicose veins	
10	Any other weakness , defect of disease e.g. (Effects of speech, Local twitching or spasm, Chorea or other nervous disorder)	
11	General observation: If care is desirable in any special direction, please give particulars.	

Signature of registered Medical Practitioner: _____ **Date:** _____

Address _____ **Stamp** _____