



MINISTRY OF EDUCATION  
STATE DEPARTMENT FOR TECHNICAL, VOCATIONAL EDUCATION AND TRAINING  
**THARAKA TECHNICAL AND VOCATIONAL COLLEGE**

P O BOX 51 - 60215, MARIMANTI, TEL: +254 742951657  
Email: [tharakatechnical@gmail.com](mailto:tharakatechnical@gmail.com), Website: [www.tharakatechnical.ac.ke](http://www.tharakatechnical.ac.ke)



TTVC/ADM/REG/001

**OFFICE OF THE REGISTRAR**

NAME: ..... DATE: .....

Following your application, I wish to inform you that you have been admitted to Tharaka Technical and Vocational College to pursue a course in Artisan/Craft/Diploma /CBET in ..... Level.....

Reporting date will be on ..... between 8.00 a.m to 5.00 p.m.

To achieve this, we expect you to be self-disciplined, focused and committed with your formal and informal curriculum offered at this College in order to achieve excellent results. The College offers a variety of courses in academic departments (*see the flier attached*)

- ❖ Electrical and Electronics Engineering
- ❖ Building and Civil Engineering
- ❖ Computing and informatics
- ❖ Hospitality and Institutional Management
- ❖ Mechanical and Automotive Engineering
- ❖ Fashion Design and Cosmetology
- ❖ Agriculture and Environmental Studies
- ❖ Business Entrepreneurship and Secretarial Studies
- ❖ Liberal Studies

**1. INDUSTRIAL ATTACHMENT/MENTORSHIP**

All level 4, 5 and 6 trainees will be required to proceed on attachment/Mentorship in the course of their study. Attachment/Mentorship fees will be Ksh.2,250/=. Payable one term before attachment begins. Material assessment fees will be Ksh.3,000/= for technical trainees, Ksh.1,000/= for business/liberal studies trainees and ksh,5000/= for food and beverage trainees. This is Payable every time the student is booked for an external exam.

**2. DIRECTION TO COLLEGE**

Tharaka Technical and Vocational College is situated in Tharaka South Sub-County in Tharaka Nithi County, approximately 4 Km from Marimanti Town and approximately 2.5 Km from Gatunga Town in the Eastern region of Kenya and approximately 235 Km Northeast of Nairobi City.

**NB: Every trainee must bring One (1) Ream of printing papers. (JK Copier)**

**WELCOME TO THARAKA TECHNICAL AND VOCATIONAL COLLEGE**



  
Mrs. Tikva Gichohi.

Senior principal/Secretary BOG





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**GOVERNMENT FEES STRUCTURE FOR ALL COURSES**

Following your placement in the Institution, you are eligible for a government scholarship, loan and bursary to assist you with your education expenses. In case the government scholarship, loan and bursary do not cover the cost of your studies, the deficit will be paid by your parent/guardian. Below is a table showing the breakdown of the admission fees, Tuition fees, Attachment and Assessment material fees.

For student to benefit from government scholarship and loan, they **MUST** make an application for consideration through the official website [www.hef.co.ke](http://www.hef.co.ke)

**Materials and Examination fees varies with course**

**1. Admission Fees.**

The trainee is required to pay the following

Trainee College ID.....	Ksh.500/=
TVETA quality assurance fee.....	Ksh.500/=
Registration fee.....	Ksh.1,500/=
Trainee's council welfare fee.....	Ksh. 1,000/=
KUCCPS Placement.....	Ksh. 1,500/=
<b>Total.....</b>	<b>Kshs. 5,000/=</b>

KUCCPS placement fees of Ksh. 1,500/= should be paid direct to KUCCPS through e-Citizen at the point of admission.

2. **Tuition fees of Ksh. 22,396/=** To be paid in three months as we wait to apply for government HELB and scholarship. This fees is not inclusive of exam fees as it depends on exam body and level.

3. **Attachment/Mentorship fees of Ksh. 2,250/=** payable one term before attachment. Material assessment fees of **Ksh.3,000/=** for technical trainees, **Ksh.1,000/=** for business/liberal studies trainees and **Ksh. 5000/=** for food and beverage trainees. This is Payable every time the trainee is booked for an external exam.

**Mode of fees payment:** Deposit the money in the fees collection Bank account and obtain a bank deposit slip or use a banker's cheque or any equity agent.

**ACCOUNT NAME: THARAKA TECHNICAL AND VOCATIONAL COLLEGE**  
**ACCOUNT NUMBER:1040262403552 - EQUITY BANK: MERU MAKUTANO BRANCH**  
**ACCOUNT NUMBER:68260900029001-TRANSNATION SACCO: MARIMANTI BRANCH**  
**OR THROUGH;**

**PAYBILL NUMBER: 507900 – ACCOUNT NUMBER – 9000290**

**NB**

- Personal cheques and cash are not acceptable

**FEES ONCE PAID IS NOT REFUNDABLE**

**THARAKA TECHNICAL &  
 VOCATIONAL COLLEGE**

**30 JUL, 2025**

P.O. Box 51 - 60215  
 MARIMANTI  
 0742 561 657

Mrs. Tikva Gichohi.

Senior principal/Secretary BOG



## SECTION I: TRAINEES DETAILS

Full name: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Marital status: \_\_\_\_\_  
ID No: \_\_\_\_\_ (attach a copy)  
Mobile No: \_\_\_\_\_  
Valid email address: \_\_\_\_\_  
P.O Box: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
County: \_\_\_\_\_  
Sub-County: \_\_\_\_\_ Constituency: \_\_\_\_\_  
Division: \_\_\_\_\_  
Location: \_\_\_\_\_ Sub-location: \_\_\_\_\_  
Highest level of education/training: \_\_\_\_\_  
Grade obtained: \_\_\_\_\_  
Year completed: \_\_\_\_\_ Exam index No: \_\_\_\_\_ (attach a copy of result slip or Certificate)  
Previous institution/ school: \_\_\_\_\_  
P.O Box: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Any disability: (Yes/No) \_\_\_\_\_ if yes (Mild/Severe) \_\_\_\_\_  
Specify: \_\_\_\_\_

## SECTION II: FAMILY DETAILS

Father's name: \_\_\_\_\_  
ID No: \_\_\_\_\_ (attach a copy of your ID card)  
Mobile No: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Other source of income: \_\_\_\_\_  
Is father alive? (Yes/No) \_\_\_\_\_ (If no, attach evidence of death)

Mother's name: \_\_\_\_\_  
ID No: \_\_\_\_\_ (attach a copy of your ID card)  
Mobile No: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Other source of income: \_\_\_\_\_  
Is mother alive? (Yes/No) \_\_\_\_\_ (If no, attach evidence of death)

Guardian's name: \_\_\_\_\_  
ID No: \_\_\_\_\_ (attach a copy of your ID card)  
Mobile No: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## ANY OTHER CONTACT PERSON

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mobile No: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## SECTION III: COURSE DETAILS

Course: \_\_\_\_\_  
Duration: \_\_\_\_\_ Level: \_\_\_\_\_

**SIBLINGS IN SCHOOL/INSTITUTION**

Name	School/Institution	Level	Age	Fees Charged Per year (Attach Evidence)

**SIBLINGS WORKING**

Name	Income	Employer and address

Briefly provide any other relevant information.

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**SECTION IV: TRAINEE'S DECLARATION**

I confirm that the information is true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

## **COMPULSORY REQUIREMENTS**

- a) You are required to bring the following compulsory documents on admission:
- b) This letter of admission
- c) 3 recent colored passport photographs (not selfie)
- d) Medical certificate (done within the last one month) from a Government Hospital
- e) Course textbooks as shown on the attached list.
- f) Personal effects
- g) Enough stationery (file, pens, exercise books, etc)
- h) Original and two copies of;
  - KCPE & KCSE Result slip or certificate.
  - National ID card
  - Parents/guardian ID
  - Birth certificate
  - Leaving certificate, for Primary and Secondary

## **SPORT**

- a) A pair of track Suit (Navy-blue).
- b) A pair of Rubber shoes or sport shoes.

## **GOVERNMENT SCHOLARSHIP, LOAN AND BURSARY APPLICATION REQUIREMENTS**

- a) A valid email address.
- b) A valid Telephone number (must be registered in your name to apply for a loan).
- c) KCPE and KCSE index numbers and year of examination.
- d) Passport size photo.
- e) Copy of your national ID (for loan application).
- f) College Admission letter.
- g) Your parents' registered telephone number.
- h) Your parents' national ID number.
- i) Death certificate if any of your parent is deceased.
- j) Your birth certificate.
- k) Two guarantors' (can be your parents) ID numbers and registered telephone numbers (for loan application).
- l) Copy of the sponsorship letter if you were sponsored in Secondary School.





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### MEDICAL FORM

NOTE: To be filled by a registered medical practitioner from a government hospital.

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

NAME.....COURSE:.....  
ADM NO: .....

1. Eyes and Vision  
Aided Right -Left  
Vision Field  
Unaided Right - Left  
Colour Blind

2. Nose  
Is nasal breathing habitual?  
Adenoids

3. Ears  
Hearing voice -Right  
-Left

4. Mouth and Teeth

5. Gland in the neck

6. Chest  
With special reference to any tubercular tendencies

7. Heart

8. Spinal column

9. a) Urine (For female students please state if pregnant or not)  
b) Faeces.

10. Spleen, Piles and varicose veins.

11. Liver

13. Any other weakness, defects or diseases: e.g. Defects of speech local twitching or spasm, chorea or nervous disorder. Venereal diseases or rheumatic.

11. General observation if care is desirable in any special direction please give particulars.

Signature of the registered medical practitioner:.....

Address:.....Official stamp and

Date:.....