



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, Website: 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.

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

Tikva

Mrs. Tikva Gichohi.
 Senior principal/Secretary BOG

SENIOR PRINCIPAL
 THARAKA TECHNICAL & VOCATIONAL COLLEGE
 MARIMANTI
 P. O. Box 51 - 60215, Cell: 0742 951 657
 Date: 07-04-2026



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GOVERNMENT FEES STRUCTURE FOR MODULAR 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.hcf.co.ke

TUITION FEES			
VOTE HEAD	TERM 1	TERM 2	TERM 3
TUITION FEES	5,800	5,800	5,800
PERSONAL EMOLUMENT	2,000	2,000	2,000
LOCAL TRANSPORT AND TRAVEL	1,200	1,200	1,200
ELECTRICITY WATER AND CONSERVANCY	1,047	1,046	1,046
REPAIR, MAINTENANCE AND IMPROVEMENT	1,000	1,000	1,000
ACTIVITY FEE	1,050	1,050	1,050
MEDICAL AND INSURANCE	700	700	700
ASSESSMENT FEES	9,600	9,600	9,600
TOTAL	22,397	22,396	22,396

ADMISSION FEES.

The trainee is required to pay the following

- Trainee College ID.....Ksh.500/= (Payable Once)
- TVETA quality assurance feeKsh.500/= (Payable Once)
- Registration feeKsh.1,500/= (Payable Once)
- Trainee's council welfare feeKsh.1,000/= (Payable Once)
- KUCCPS PlacementKsh.1,500/= (Payable Once)
- College T-ShirtsKsh.500/= (Payable Once)
- Minimum Tuition FeesKsh. 10,000/=

KUCCPS placement fees should be paid direct to KUCCPS through e-Citizen on admission.

Tuition fees to be paid within three months as we wait to apply for government HELB and scholarship.

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

T. Gichohi

Mrs. Tikva Gichohi.
 Senior principal/Secretary BOG

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Date: 07-04-2026

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.

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 if 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:.....