

KITALE NATIONAL POLYTECHNIC

P.O BOX 2162-30200 KITALE Tel No: 0721379304, 0712549873

Website: www.kitalenationalpolytechnic.ac.ke

E-mail address; knpregistry@gmail.com, kitalenationalpolytechnic@gmail.com

OFFICE OF THE REGISTRAR ADMISSIONS

REF: KNP/ ADM/REG/F 54	Date:
Dear	
RE: OFFER OF ADMISSION We are pleased to inform you that you	have been offered a place to pursue
inin	Department
Reporting Date: 28th April 2025	
REGISTRATION REQUIREMENTS When reporting, bring along the follow	rina:

- i. Letter of admission (original and a photocopy)
- ii. Two Colored passport size photos.
- iii. Your National ID card and a photocopy of each side. Two copies
- iv. Originals and two photocopies of your academic (KCSE & KCPE) and school leaving certificates for verification.
- v. Medical report (Fill attached form)
- vi. Original and photocopy of your birth certificate for verification
- vii. Adequate stationery and other requirements as per the demands of the course (see attached document).
- viii. An active E-mail address.
- ix. Adequate personal effects. Beddings & mattress cover (institution will provide a mattress for boarders)

Thank you for choosing The Kitale National Polytechnic.

	KITALE NATIONAL POLYTECHNIC CHIEF PRINCIPAL
W or	CHIEF PRINCIPAL
DR. TOM MULATI	1 1 MAR 2025
CHIEF PRINCIPAL	SIGN:
	P. O. Box 2162 - 30200, KITALE

OTHER CONDITIONS

1. Fees Payment

i. Fees is Paid as per the fees structure(attached)

ii. ALL fees are paid through:

ABSA Bank

Account Name: Kitale National Polytechnic

ACC NO. 0038219650

2. Health Requirements

i. Complete the medical form attached.

- ii. Present yourself to a registered medical practitioner who will complete the form so as to make it available by the day you report.
- iii. The college reserves the right to require a medical examination of any student at any time during training.

3. Code of Regulations

As a condition of admission, you will be required to undertake in writing your commitment to the rules and regulations set out in this document, (copy available on our website) and abide by all rules and regulations for students at Kitale National Polytechnic.

4. Progress in Training

- i. In order to retain your place in the polytechnic you will be required to maintain good academic standards.
- ii. In addition to having the minimum entry requirements for admission into respective programs, please note that lectures are mandatory. Students must attain the stipulated contact hours and pass internal assessments in their respective courses. Details are outlined in the Academic Policy.
- iii. Trainees undertaking Engineering Programs but have not met the Minimum grade in mathematics and physics shall attend bridging courses in the Polytechnic.

5. Boarders

- i. Boarding Space is available on First-Come First Serve-basis
- ii. All boarders should book in advance by making inquiries through 0712549873
- iii. Meals will be on Pay as you eat basis.

FEES

Introduction

Trainees joining the institution will pay fees as per the Government new funding model. Fess Payable will be Ksh. 67,189 per year.

The fee structure is as follows:

Vote Head	Term 1	Term 2	Term 3	Total
Tuition	15,500	12,100	9,041	36,641
Activity	2,200	1,314	1,00	4,514
Medical/Insurance	1,000	500	500	2,000
Repairs Maintenance	1,500	1,000	757	3,257
Electricity, Water Conservancy	2,000	1,100	849	3,949
Personal Emolument	6,000	3,500	3,379	12,879
Local Transport &Travelling	1,800	1,300	849	3,949
Total	30,000	20,814	16,375	67,189

Other Charges

S/NO	Item	Amount	
1	Application Fee	500	
2	KUCCPS Placement Fee	1500	
3	TVETA Quality Assurance Fee	500	
4	Student ID	500	
5	Boarding Fee (Optional)	6000	

FEES PAYMENT

You are eligible for Government Scholarship, Loan and Bursary to assist with your education expenses as per the following

TRAINEE CATEGORY	FEES (KES)	% SCHOLARSHIP	% HELB LOAN	% HOUSEHOLD CONTRIBUTION
Band 1	67,189	70% (47,032/=)	22.5% (15,117/=)	7.5% (5,039/=)
Band 2	67,189	60% (40,313/=)	28% (18,812/=)	12% (8,063/=)
Band 3	67,189	50% (33,594/=)	32% (21,500/=)	18% (12,094/=)
Band 4	67,189	40% (26,875/=)	38% (25,531/=)	22% (14,782/=)
Band 5	67,189	30% (20,156/=)	43% (28,891/=)	27% (18,141/=)

REQUIREMENTS FOR APPLICATION FOR SCHOLARSHIPS AND LOANS

Successful application for scholarship and loans will require:

- i.
- Valid telephone number (must be registered in your name to apply for a load) TECHNIC KCPE and KCSE index numbers and Year of Examination 2 coloured Passport size photo Copy of your National ID (for loan application) College admission letter.

 Your parents registered telephone number

 Your parents national ID number ii.
- iii.
- iv.
- V.
- vi.
- vii.
- Your parents national ID number viii.
- Death certificate if any of your parent is deceased and registered telephone numbers ix.
- X.
- Your birth certificate
 Two guarantors (Can be your parents) ID numbers and registered telephone numbers (for loan xi.
- application) xii.
- Copy of the sponsorship letter if you were sponsored in secondary school. xiii.

NB: Visit www.hef.co.ke. to apply. All Trainees are encouraged to apply.

THE KITALE NATIONAL POLYTECHNIC

P.O BOX 2162 -30200 KITALE Tel No: 0202380086

ADMISSION FORM:

This form must be completed properly and handed in by all students admitted in the Institute for record purposes:

1. Student details:

Name:		Admission No:	
Year:	. Intake:	Date of birth:	Gender:
National ID No:	Marital stat	us:	
KCSE Index Number:		Year:	
KCPE Index Number:		Year	
Student type (e.g., KUCCPS	, Direct Applica	nt) Other organiza	ations:
Program Name:		(e.g.,	Medical Engineering level 6)
Religion:		Telephone:	
Email Address:			
Place of birth:			
Citizenship:		County:	
Sub-county:	Location:	Sub-Location:	
Village Na	me of your Chie	ef:	
Disability/Medical Condition		(If any, fill the disabil	lity form)
2. Parent's/Guardian's	details:		
Emergency Contact Name:		Telephone No	
Relationship:		. Email Address:	
Is father alive? Yes/No	Co	ontact address:	
Phone contact (if any)		What is his occupation:	
Mother's Name:			
Is she alive? (Yes/No)	. Her contact ac	ddress:	
Phone No. (if any)			
Student Signature:		Date:	

THE KITALE NATIONAL POLYTECHNIC P.O BOX 2162 -30200 KITALE.

DECLARATION FORM:		
I	ADM.NO:	
Course/Class	do declare tha	at I will abide by and comply to the
Polytechnic rules and regula	ations and all other institutional policies.	
Student's Sign	ID No Date	
	&	
	Witnessed by the parent/Guardian/S	ponsor
I	ID.No	
Being the parent (guardian)	sponsor of	Adm.
No Cor	urse	
Have witnessed the declara	tion of the stated student and that I will er	ndeavor to pay all termly fees in full
as per prevailing fee struct	cure and that the student will comply with	all requirements laid down by the
Polytechnic and which may	be issued by the Polytechnic Administration	from time to time.
Cignature of parent	Data	
Address of parent	Tol No.	TECHNIC /
County	DateTel. NoSub-countySub-location	POLIPAL
Location	Sub-location	INTOWARE INCO
Chief's Name	Sub-location	TALE TER AR 2023
Assistant Chieffa Name	1	Charles My
Assistant Chief's Name		30200
Registrar's Comments/rema	rks	GN: 3162
		Elo Boy
	Sub-locationvi	1
Sian	Date	

THE KITALE NATIONAL POLYTECHNIC P.O BOX 2162 -30200 KITALE.

MEDICAL REPORT:

N/	ME INDEX No
Co	urse to be undertaken
1.	Eyes and Vision
	Unaided left:
	Unaided right:
	Color blindness:
	Visual field:
2.	Ear, Nose & Throat
	Is nasal breathing habitual
	Adenoids-p
•	Hearing voice-right &Left
3.	Spinal column
4.	Mouth & Teeth
5.	Chest, Heart
	With special reference to any tubercular tendencies
6.	Urine
	Feces
7.	Spleen, liver, Biles and varicose veins
8.	Any other weakness, defect or disease e.g. defects of speech, incal twithing or spasm, chora or other
	nervous disorder, venereal diseases, or rheumatic teniency.
9.	General observation
	If care is desirable in any special area give particulars (e.g. ulcers, asthma).
	The polytechnic will charge an annual medical fee of Kshs. 600/=
10	. Any Physical challenges
	SignatureDate:

Note: This form must be filled by a government county referral Medical office