



GODOMA TECHNICAL TRAINING INSTITUTE

P. O. BOX 1808 – 80108 Tel – 0720 755 952

Email – info@godomatti.ac.ke

KILIFI



APPLICATION FOR ADMISSION (Diploma, Craft and Artisan/Short Courses)

NOTES:

- (i) This form should be typed or completed in **BLOCK LETTERS**, and returned to: **The Registrar (Academic), Godoma Technical Training Institute, P.O. Box 1808, 8010, KILIFI**
- (ii) **Attach Copies of** academic certificates and transcripts or results slips and National Identity Card

SECTION A

- 1) Name.....

(Surname)
(Other names in full)
- 2) Contact Address.....
 Mobile No..... Email.....
- 3) Date of Birth: Day..... Month..... Year.....
- 4) Identity Card No..... Gender.....

SECTION B

- 5) Name of Diploma/Craft/Artisan applied for
- 6) Level/Module of the course applied for (e.g. Dip Module 1)

Academic Qualification	School/College Attended	Year Completed	Grade Obtained
<i>E.g. KCSE</i>	<i>Bungu Secondary School</i>	<i>2009</i>	<i>B- (Minus)</i>
KCPE			
KCSE			
Others (Specify) E.g.			
<i>Craft Certificate</i>	<i>Godoma Technical Training Institute</i>	<i>2017</i>	<i>Credit</i>

SECTION C

Declaration by Applicant

I hereby declare that to the best of my knowledge, the information I have given is correct.

Signature.....Date.....

SECTION D

For Official Use Only:

7) Recommendations

Approved	<input type="checkbox"/>
Not Approved	<input type="checkbox"/>
Deferred	<input type="checkbox"/>

Reasons:.....

.....

Name.....

Designation.....

Signature.....

Date.....

SECTION E

8) Action to be Taken

Admit	<input type="checkbox"/>
Reject	<input type="checkbox"/>

Follow-up action:.....

.....

Name.....

Designation.....

Signature.....

Date.....