

APPLIED SCIENCES DEPARTMENT REQUIREMENT LIST

General requirements for all courses

On admission day, you must bring the following:

- This letter of admission (original)
- Admission form fully filled and signed by both applicant and guardian/parent
- Spring file as per level of course as follows:
 - Level 3 -**Yellow,**
 - Level 4 -**Green,**
 - Level 5 -**Maroon,**
 - Level 6 -**Blue**

Your original and a photocopy of:-

- i. National Identity card
- ii. K.C.S.E, K.C.P.E certificate/Result slip
- iii. Birth certificate

COURSE REQUIREMENTS LIST

Applied Biology, Analytical Chemistry & Science Lab Technology	Food Science & Technology
<ul style="list-style-type: none">• Short sleeved 1/2 White lab coat• Scientific calculators• Smp mathematical tables• Dissecting kit box• Closed leather shoes• Lab coats (White)• Surgical gloves (latex)• Face mask• Face shields / goggles	<ul style="list-style-type: none">• Long sleeved ½ White lab coat• Scientific calculator• Name tag holder• 2 cleaning clothes• White hairnet (Reusable)• White Gumboots• Food handler Certificate• Lab coats (White)• Closed leather shoes• Blood nets



MINISTRY OF EDUCATION
SOT TECHNICAL TRAINING INSTITUTE
P.O. BOX 665 - 20400, BOMET. Tel: 0707-042-067
Website: www.sotinstitute.ac.ke
Email: sottechnicaltraininginstitute@gmail.com



ADMISSION FORM

PERSONAL DETAILS

Surname.....Other names.....

Sex.....Religion.....Mobile No.....

Date of birth.....Place of BirthNationality.....

ID No.....Nemis code.....

Email Address.....Student's KRA pin.....

Birth Certificate Entry No.....County.....Location.....

Sub-location.....Village.....

Name of the Chief.....Nearest police station.....

Postal Address.....postal/zip code.....Town.....

Father's/Guardian's name.....ID No.....

Mobile No.....

Name of the spouse (if married).....Mobile No.....

ACADEMIC QUALIFICATION

1. PRIMARY EDUCATION (KCPE)

Name of last school attended.....Marks attained.....

Index No.....Year of Examination.....

2. SECONDARY SCHOOL (KCSE)

Name of last school attended.....Grade attained.....

Index No.Year of Examination.....

3. OTHER QUALIFICATIONS:

Name of the Institution attended.....

Name of the course.....Grade attained.....

CO-CURRICULAR ACTIVITIES

a) Sports.....

b) Hobbies.....

c) Responsibility at school (if any).....

d) Others.....

I..... (Applicant) certify that the above information is true.

Applicant's signature.....Date.....

Parent/Guardian's name.....

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

MEDICAL EXAMINATION FORM

(EXAMINATION TO BE CARRIED OUT BY A GOVERNMENT MEDICAL DOCTOR)

REF: STTI/ADM/2017

PART ONE (To be completed by the candidate before medical examination)

- 1) Full name.....
- 2) Sex.....Age.....Date of birth.....
- 3) Marital status.....Number of children.....Ages of children respectively.....
- 4) Do you suffer from any physical impairment/disability (e.g. paralyzed arm, loss of leg etc.)
.....
- 5) Do you have any dietary restrictions?.....
If so, give details.....
- 6) Indicate your Blood group.....
- 7) Have you suffered from any of the following diseases:
 - Tuberculosis YES/NO.....
 - Typhoid YES/NO.....
 - Gonorrhoea YES/NO.....
 - Syphilis YES/NO.....
 - Epilepsy YES/NO.....
 - Hernia YES/NO.....
 - Amoebic Dysentery YES/NO.....
 - Malaria YES/NO.....
 - Fracture YES/NO.....

The candidate is strongly reminded that the importance of supplying correct information cannot be overemphasized and that each candidate will be held responsible for the accuracy of the information he/she provides.

Signature (of the candidate in presence of the doctor carrying out Examination).....

Date.....

PART TWO

(To be completed only by the medical officer of Health in a government Hospital)

Candidate's full name.....

1	Eyes and vision: Unaided Right-left Aided right-left Visual field	
2	Pregnancy test (Female students)	
3	Nose and throat -Nasal breathing	
4	Mouth and Teeth	
5	Ears: Hearing voice-Right -Left	
6	Glandular disorder/impairment	
7	<u>Chest & heart</u> With special reference to any tubercular tendencies	
8	Spinal column	
9	Urine Feaces Blood pressure	
10	Test for Venereal diseases	
11	Spleen Liver Piles and varicose veins	
12	Any other weakness, defect or disease e.g. defects of speech, local twitching or spasm or other nervous disorder.	
13	<u>General Observation</u> If care is desirable in any special direction, please give specifications	

I certify that I have examined the candidate named above.

Signature of the Medical officer.....Date:-.....

Name & stamp of the Hospital.....

1. Fees Payment

You will find attached fees payment schedule. The institute will expect full payment of fees for term one on reporting. Fees should be paid to **SOT TECHNICAL TRAINING INSTITUTE** by Bankers cheque, Money order payable at Bomet post office or by depositing in **National bank Bomet Branch A/C NO.01020067454900**. OR Mpesa Paybill 625625&A/C No. number -SOT# Admission number.

NB: NO Personal cheques or cash will be accepted.

2. Code of Regulations

Each student must read, understand, sign and abide by the issued copy of institute Rules and Regulations.

3. Games

All students are expected to bring any attire for games which include basketball, football, volleyball, netball, handball, rugby, athletics and indoor games.

4. Hostel Requirements

Accommodation facilities are available around the institute on private arrangement.

5. Institute access

The institute is located along Silibwet- Merigi road. From Bomet town .You board a Matatu / motor bike going to Silibwet where you alight and board another one to Merigi. You will get to the institute before getting to Merigi town. It is 15 km from Bomet Town and 10 km from Silibwet market.

May I wish you a safe journey to Sot Technical Training Institute and success in your course.

INSTITUTE RULES AND REGULATIONS

- i. All students are expected to maintain high **ACADEMIC STANDARDS** throughout the course. Supplementary exams are a **MUST** for students who perform poorly in **INTERNAL EXAMS**. For students who persistently perform poorly, the **ACADEMIC BOARD** may recommend for his/her discontinuation forthwith.
- ii. Class attendance is compulsory and punctuality is essential. **ALL** assignments, **CATS** and **ENDTERM** exams **MUST** be done as required.
- iii. Students should observe personal hygiene and dress decently and are also expected to keep the compound neat and tidy.
- iv. Smoking and drinking is prohibited in the Institute. Disciplinary action shall be taken against students found smoking or under the influence of alcohol. Handling, possession and consumption of addictive drugs is prohibited in the Institute and is a criminal offence punishable by law.
- v. Students will have to take care of institutional property and account for any losses or damages.
- vi. **Institute farm, Kitchen & Staff room** are out of bounds to all students unless they have prior permission from the relevant authorities.

- vii. Students are expected to exhibit responsible behavior to all staff, visitors and colleagues. If there is any problem it shall be solved through the proper laid down channels (offices). **Participation in illegal meetings and processions can lead to expulsion.**
- viii. All cases of sickness **MUST** be reported to the head of department. Medical fee only covers basic clinical services offered at the institute clinic. The cost for referral cases will be borne by parent/guardian.
- ix. Students **MUST** seek leave of absence before absenting themselves from the class.
- x. Pregnancy is **NOT** allowed during coursework. Any female student with pregnancy shall be required to defer her course as per institute Academic Policy.
- xi. Abortion is a criminal offence and any student found to have procured or attempted to procure an abortion shall be handed over to the law enforcing agencies.
- xii. In the event of a breach of any of the above regulations, the **DISCIPLINARY COMMITTEE** may give the student a verbal/ written warning or suspension letter from the institute. The committee can also recommend for the expulsion of a student once suspended. The student should be expected to leave the compound immediately and stay away until she/he receives official communication. On resuming, such students **MUST** be accompanied by a registered parent/guardian. They are expected to appear before the **DISCIPLINARY COMMITTEE**.
- xiii. For change of course, permission **MUST** be obtained from the **REGISTRAR** within three weeks of reporting and it is possible only when he/she meets the requirement of the Academic Policy consented by the parent/guardian as well as availability of vacancy in the desired course etc.

Declaration by the student:

Student Name.....

Signature **Date**.....



SOT TECHNICAL TRAINING INSTITUTE

P.O. BOX 665 - 20400, BOMET.

Website: www.sotinstitute.ac.ke

Email: sottechnicaltraininginstitute@gmail.com



ANNUAL SCHOOL FEES FOR FY 2023/2024

VOTE HEAD	TOTAL PER YEAR
Tuition fee	36,641.00
Personal Emoluments	12,879.00
Electricity, water & conservancy	3,949.00
L.T&T	3,949.00
R.M.I	3,257.00
Activity	4,514.00
Medical & Insurance	2,000.00
TOTAL	67,189.00

OTHER FEES FOR NEW STUDENTS: -

Registration	2,000.00
Caution Money	1,000.00
Student ID	500.00
Student Union	600.00
TVETA Fees	500.00
TOTAL	4,600.00

1. The College fees is **Kshs 67,189** per Academic year.
2. All students are required to pay **Ksh 18,040** as the first installment upon admission.
3. If classified as vulnerable or extremely needy, you will be required to pay only **Kshs. 4,600** upon admission.

NB: Payment can be made by depositing in any branch of National bank Payable to Acc No: 01020067454900, Bomet Branch or Through Paybill No: 625625, Acc No: SOT#ADMISSION NUMBER

HARD CASH or PERSONAL CHEQUES will NOT be accepted under any circumstances.

Robert K. Cheres
SENIOR PRINCIPAL

