MINISTRY OF EDUCATION

SOT TECHNICAL TRAINING INSTITUTE

P.O. BOX 665 - 20400, BOMET. Tel: 0707-042-067

Website: www.sotinstitute.ac.ke

Email: info@sotinstitute.ac.ke

LETTER OF ADMISSION **ADM NO:** ……..

DATE…….

NAME……

POSTAL ADDRESS……..

……

I am pleased to inform you that your application for the course indicated below was successful.

COURSE CODE	COURSE NAME	LEVEL				
		3	4	5	6	7

The course begins on …….....and any vacancy not filled by……..……will be offered to other deserving applicants.

Welcome.

SOT TECHNICAL TRAINING COLLEGE
PRINCIPAL
P.O BOX 665-20400,BOMET
Tel: 0707042067

CHERES RK

PRINCIPAL

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ADMISSION FORM

PERSONAL DETAILS.

Surname…….....Other names……..

Sex……..Religion……..Mobile No…….

Date of birth……Place of Birth ……Nationality……

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…….
- Gonorrhea 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	**Chest & heart** 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	**General Observation** 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. 7700052115**. OR **Mpesa Paybill No: 625625** account number (admission number in full).

   NB: Personal cheque or cash will not 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 **END TERM** 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 bound to all students unless they have prior permission.

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.**

CHANGE OF COURSE

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.

Student Name……..……..

Signature …… Date……

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SOT TECHNICAL TRAINING INSTITUTE P.O. BOX 665, BOMET 15 JUL 2026 APPROVED PRINCIPAL TEL: 0707042067

ANNUAL FEE STRUCTURE FOR FY 2026/2027

VOTE HEAD	TOTAL PER YEAR
Tuition fee	32,902.00
Personal Emoluments	11,385.00
Electricity, water & conservancy	2,352.00
L.T&T	4,200.00
M&I	9,250.00
Activity	4,800.00
Medical & Insurance	2,300.00
TOTAL	**67,189.00**

1. The college fee is **Kshs 67,189** per academic year inclusive of examination fee.
2. In addition to the above annual fee, a student will be required to pay **Kshs 600 as Student Union Fee.**
3. All level three (3) trainees will undergo a three (3) month training before proceeding to a three (3) month industrial attachment and will only be required to pay fees of **Kshs 15,000** per course.
4. Payments details:
   Payments are made by depositing in any branch of National Bank of Kenya as follows:

   Account Name: **Sot Technical Training Institute**
   Account No: **7700052115**
   Branch: **Bomet**
   OR
   Pay Bill No: **625625**
   Account No: **SOT#ADMISSION NUMBER.**

   NB: -Hard Cash or Personal Cheques will not be accepted under any circumstances.

   -All students are encouraged to apply for HELB loans, Bursaries and Scholarships.

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Robert K. Cheres
SENIOR PRINCIPAL