



MINISTRY OF EDUCATION SCIENCE AND TECHNOLOGY

# GOT MATAR INSTITUTE OF TECHNOLOGY



P.O BOX 20-40632, Nyamonye  
Tel: 0713 688 217/0726 039 979  
Email: gotmataroffice@gmail.com



## OFFICE OF THE REGISTRAR- ACADEMIC AFFAIRS

### APPLICATION FORM FOR ADMISSION

Application Procedure

1. Fill this Application Form

| SECTION A: PERSONAL DATA           |                  |         |                      |
|------------------------------------|------------------|---------|----------------------|
| Surname                            | Other Names      |         |                      |
| Passport/ID No                     | Date of Birth    | Day.... | Month..... Year..... |
| County                             | Country          |         |                      |
| Postal Address                     | Tel. Cell No:    | Email   |                      |
| Disability<br>(Tick Appropriately) | OTHERS (Specify) |         |                      |
| Parent Sponsor<br>Name             | Tel. No.         | Address | Email                |

|                             |                                       |                                                                 |
|-----------------------------|---------------------------------------|-----------------------------------------------------------------|
| GENDER (Tick Appropriately) | Male                                  | Female                                                          |
| Course Applied for          | LEVEL.....                            |                                                                 |
| KCSE Mean Grade:            | Mode of Study<br>(Tick Appropriately) | Full time _____ Part Time _____ Evening _____                   |
| Intake Period               | January <input type="checkbox"/>      | May <input type="checkbox"/> September <input type="checkbox"/> |

### SECTION B: ACADEMIC PROFILE

List of Previous Institutions Schools Attended

KCSE Index No.....Year.....KCPE Index No.....Year.....

| Institution School Name | Adm No. | Postal Address | From  |      | To    |      |
|-------------------------|---------|----------------|-------|------|-------|------|
|                         |         |                | Month | Year | Month | Year |
| 1                       |         |                |       |      |       |      |
| 2                       |         |                |       |      |       |      |
| 3                       |         |                |       |      |       |      |

### SECTION C: How did you know about Got Matar Institute of Technology?

Institution Website ☐ Facebook ☐ WhatsApp ☐ Walk in ☐ KUCCPS ☐

Or

Referred by: Name.....Tel.....Sub-County.....Relationship.....

Applicant Signature.....Date.....

NOTE:

Attach photocopies of KCSE, KCPE certificates, school leaving certificate, National identity card and birth certificate, coloured passport size photo

Mrs. Beatrice Opondo  
**Academic Registrar**

Sign.....