



BARINGO NATIONAL POLYTECHNIC

P. O. BOX 299 -30400 KABARNET. Cell phone 0702191409

E-mail: baringotechnical@yahoo.com. website: www.baringotechnical.ac.ke



Student Name:	
Address:	
Phone number:	
Admission Number:	

LETTER OF OFFER

I am pleased to inform you that you have been offered a place at **Baringo National Polytechnic** to study **Level 4** **Level 5** **Level 6** **Level 7**

Course _____

You are suppose to **REPORT AND REGISTER** on 6th May 2025. between 8:00 a.m and 4:00 p.m. Lessons shall begin **immediately**.

N/B: Those who wish to change course can do so within two weeks of reporting date.

On reporting day, you should bring the following **DOCUMENTS AND ITEMS**:

1. A copy of Letter of Offer
2. Original and two photocopies of your identity card
3. Original and two photocopies of your K.C.P.E certificate/results slip
4. Original and two photocopies of your K.C.S.E certificate/results slip
5. Original and two photocopies of your school leaving certificate
6. Original and two photocopies of your birth certificate
7. Two (2) passport size photographs (taken within the last 3months)
8. Two spring files

ISAAC BWAMBOK
PRINCIPAL /SECRETARY TO THE BOARD



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GOVERNMENT FEES STRUCTURE FOR ALL COURSES



Following your placement in the institution, you are eligible to apply on reporting the government scholarship, HELB & Bursary to assist you with your Training expenses. In case the government scholarship and HELB do not cover the cost of your Training, the deficit will be paid by your parent/guardian.

Below is the table showing the new government funding model and the benefits therein.

Trainee category as per the Level of Need	Annual Fees	GOK Scholarship		HELB		House hold (Guardian/Parent)		Pocket Money (upkeep)
		Allocation (%)	Amount (Ksh.)	Allocation (%)	Amount (Ksh.)	Allocation (%)	Amount (Ksh.)	Amount (Ksh.)
Band 1 (Vulnerable)	67,189	70	47,032	23	15,118	7	5,039	18,600
Band 2 (Extremely Needy)	67,189	60	40,313	28	18,813	12	8,063	17,600
Band 3 (Needy)	67,189	50	33,595	32	21,500	18	12,094	15,600
Band 4 (Less Needy)	67,189	40	26,876	38	25,532	22	13,438	14,600
Band 5 (Able to pay)	67,189	30	20,156	43	28,891	27	18141	13,600
Self-Sponsored	67,189	-	-	-	-	100	67,189	0

Assessment/Examination fees vary with course

SNO	OTHER LEVIES	AMOUNT
1	Registration (Once on admission)	500
2	TVETA levies (Charged once on admission)	500
3	KUCCPS Application Fees(For those already placed by KUCCPS)	1,500

ADDITIONAL INFORMATION

1. **Accommodation** is optional and available at Ksh.2, 500 Per Term.
2. **Meals** are available on Pay As You Eat (P.A.Y.E) Basis.
3. You are advised to **clear total term fees** when the college opens. Fees once paid is not refundable.
4. Fees payable at **Kenya Commercial Bank (Kabarnet Branch)**

ACCOUNT NAME: BARINGO TECHNICAL COLLEGE

ACCOUNT NUMBER: 1175704199 OR

MPESA PAY BILL, Business Number – 522123

Account Number - 20390KFULLADM NO (No space)

No cash payments are accepte

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TRAINEE PERSONAL DETAILS FORM

SECTION A: STUDENT'S PARTICULARS

Student's Name:

Adm. No: Date of Birth: ID No:

Mobile No: other No:

Department: :

Course in

Level (tick one) Level 3 Level 4 Level 5 Level 6

Religion: Boarder: Day student:

Index No: KCPE: Year: _____ KCSE Index No:

Last School Attended Email:

County: Sub-County:

SECTION B: PARENTS /GUARDIAN'S PARTICULARS

Parent/Guardian's Name:

Address: P.O Box Mobile No:

Email Address:

I certify that the information given is correct to the best of my knowledge

Student (Name)..... Sign.....Date.....

Parent/Guardian(Name)..... Sign..... Date.....

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MEDICAL EXAMINATION FORM

Ref: ADM/MED/FRM/DOC02

PART 1: TO BE FILLED BY THE STUDENTS BEFORE MEDICAL EXAMINATION

1. Full name (Capital Letters).....
2. Sex: Male Female Other
3. Date of Birth: Day.....Month.....Year.....
4. Marital status: Single /Married.....
5. Do you suffer from any physical impairment /disability?

Yes No (*Tick one*)

If YES, give details

Eye sight.....

Chest.....

6. Do you have dietary restrictions?

Yes/No (Tick one)

If YES, Give details.....

PART 2 TO BE COMPLETED BY ANY MEDICAL OFFICER OF HEALTH IN A HOSPITAL

Student's full name.....

Report on pathological investigation:

I certify that I have examined the student named above and that in my opinion he/she is fit/unfit to undertake the course admitted for.

NAME OF THE HOSPITAL:

MEDICAL OFFICER NAME:

SIGNATURE: DATE:

..... OFFICIAL STAMP

ALL TRAINEES IN ENGINEERING COURSES AT ALL LEVELS:

1. Technical Drawing Instruments:
2. Set square (clear- plastic) 600 * 300 -250mm
3. Set square (clear — plastic) 450 * - 200mm
4. Protractor (clear — Plastic) 3600 - 150mm
5. Engineering drawing set (Helix) T-square (plastic)
6. Staedler pencils: HB, 21-1, H and erasers.
7. Tape measure 5M Safety Boots
8. Scientific Calculators/ Smp Mathematical
9. Tables (Artisan)
10. Dust coat or Short-sleeved overalls (Navy Blue)

SECRETARIAL STUDIES

1. Shorthand textbook
2. 411b 110 pencils
3. Shorthand Dictionary
4. English Dictionary
5. Introduction to computerized data processing textbook

FOOD AND BEVERAGE

Full Kitchen Attire as follows

1. Black skirt/trouser
2. Black leather shoes
3. White chef coat
4. White apron
5. Chef s Hat/scarf (blue/white checked)
6. Practical cookery textbook
7. White long sleeved shirt
8. Black sleeveless sweater
9. Oven gloves

ELECTRICAL & ELECTRONICS ENGINEERING (ADDITIONAL REQUIREMENTS)

1. Pliers
2. Nose pliers
3. Side cutter
4. Clipping Hammer
5. Multimeter
6. Phase tester Star screw driver
7. Flat screw driver

HAIR DRESSING AND BEAUTY THERAPY REQUIREMENTS

- 6 MEDIUM TOWELS
- TOP COAT
- BASE COAT
- COMB SET
- ASSORTED NAIL POLISH
- NAIL ART (BLACK AND WHITE)
- MANICURE SET
- PUMICE STONE
- HAIR FOOD
- AFRO COMB
- NAIL CUTTER
- NAIL FILE
- NAIL BIFFER
- CUTICLE CREAM(LANOLIN)
- COTTON WOOL
- NAIL REMOVER
- NAIL BRUSH
- SCISSORS
- NEEDLE(BIG)
- THREAD
- NIPPERS
- WOODEN BLOW DRY COMPO (BIG & SMALL)
- SRUB

NB: All students to come with enough exercise books (minimum 8) and pens