



## **VIHIGA COLLEGE** of Business and Technical Training

College House  
Majengo – Luanda Road, Before Vihiga Police  
Station  
P. O. Box 407 – 50310 Vihiga  
Email: [info@vihigacollege.co.ke](mailto:info@vihigacollege.co.ke)  
Tel: 0719175017 / 0719173201 /0795424054  
Website: <http://www.vihigacollege.ac.ke>



Upload Your Photo  
Above

### **REGISTRATION FORM**

Please read the information below carefully and ensure you have understood all the clauses on the attached student's college Rules and Regulations before filling in this form. Kindly send the filled form to:

[Admissions@vihigacollege.ac.ke](mailto:Admissions@vihigacollege.ac.ke)

#### **A. BASIC DETAILS**

**Names: \***

First Name      Middle Name      Last Name

**Gender: \***

Male

Female

**Email Address: \***

example@gmail.com

**Phone Number: \***

+254 712 345 678

**ID number: \***

National ID No or Passport

**Date of Birth: \***



Day      Month      Year

**P.O. Box \***

**Country \***

**County \***

**Location \***

**Sub-Location \***

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## B. EDUCATION BACKGROUND

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School Attended: \*

From Year: \*

To Year: \*

Other College Attended, if any:

From Year:

To Year:

Mean Grade Attained:

Qualification Attained:

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## C. NEXT OF KIN DETAILS

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Names:

Relationship:

First Name

Middle Name

Last Name

Phone No:

P.O. Box

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## D. COURSE APPLICATION DETAILS

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How did you get to know about Vihiga College of Business and Technical Training? \*

Relatives

Friends

Radio

TV

Newspaper

Billboards

School

**Course Name: \***

**Registration Date: \***



Month Day Year

**Course Level: \***

**Course Group: \***

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## E. SPONSOR DETAILS

**Relationship:**

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**Names:**

**Email:**

**Occupation:**

First Name

Last Name

example@gmail.com

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## G. DECLARATION

I **Full Names: \***

confirm and agree that I have read the Terms and Conditions of Admission together with the Student Rules and Regulation and shall abide with the said Terms and Conditions of Admission and Student Rules and Regulation.

I agree that I will not take any action against the College in the event of clause F -3 above, action taken against me as a result of default in payment.

I declare that the particulars in this document are true to the best of my knowledge, and I have not willfully suppressed any material fact. Any misrepresentation or omission of information will render me ineligible for student admission.

**Date: \***

**Signature:**

Day    Month

\_\_\_\_\_

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## H. FOR OFFICIAL USE ONLY

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### REGISTRATION FORM STATUS (Check when complete) Received documents

2 passport size photos	Copy of National ID received
Copy of KCSE results slip	Copy of KCPE results slip
Copy of other educational testimonials	

### INFOMIS

Student registered.	Sponsor added
Student enrolled	Invoice printed
Initial receipt printed	

**Names:**

**Position:**

First Name    Last Name

**Date:**

**Signature:**



Day    Month    Year

\_\_\_\_\_

**Supervisor Sign Off:**

**Position:**

**Date:**

**Signature:**

First Name    Last Name

Month    Day    Year



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Kindly send your filled form to:

[\*\*Admissions@vihigacollege.co.ke\*\*](mailto:Admissions@vihigacollege.co.ke)

Our staff will respond within 48Hrs.

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