



Kenya Coast National Polytechnic

Kisauni Road, P O Box 81220-80100, Mombasa, Telephone +254 712 725 554, +254 710 389 727
 Email: info@kenyacoastpoly.ac.ke Website: www.kenyacoastpoly.ac.ke



Our Ref: KCNP/OOR/ADM/2026

Date: 8 April 2026

Name: -----

OFFER OF ADMISSION FOR TRAINING

You have been selected to pursue a course in -----at **Kenya Coast National Polytechnic**. You are required to report between **6th May 2026 to 8th May 2026**. Kindly note that failure to report within the specified period, means you forfeit your position which will be filled by the applicants on the waiting list. The offer is made on the basis of your qualifications which are subject to verification by the Polytechnic Management. Any false information found in your documents will lead to automatic disqualification and expulsion from the Polytechnic.

You are required to fill the **Trainee's Particulars Form, Needs Assessment Form and Medical Examination Report** and bring them on the reporting date indicated above.

Following your placement in this Polytechnic, you are eligible for a Government Scholarship, Loan and Bursary to assist with your educational expenses. If you need Government financial support, you **MUST** make an application for consideration through the official website www.hef.co.ke. In case the Government Scholarship, Loan and Bursary do not cover the entire cost of your programme, the deficit will be met by your parent/guardian.

Below find the fee payment details, payable to the Polytechnic account and attached, find the fee structure.

BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER	BRANCH
KCB Bank	Kenya Coast National Polytechnic	1106525183	Treasury Square Mombasa

Thank you.

Patrick Menya
 Registrar Administration
FOR: CHIEF PRINCIPAL

NOTE: There is no refund for school fees, withdrawals or cancellations once an applicant is duly admitted.



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REQUIREMENTS

1. Admission Checklist

- 75% Fee Payment
- Two recent Passport Size Colour Photographs
- Original & Photocopy of National Identity Card **or** Birth Certificate
- Original & Photocopy of KCSE and KCPE Results Slip/Certificate
- Dully filled Medical Form and Trainee Particulars Form (provided by the Polytechnic)

2. Hostel Requirements for Female Trainees:

Trainees are required to come with the following items for personal use:

- A pair of bed sheets
- Mosquito net, bucket/basin, toiletries

The hostel will provide the following:

- Bed
- Mattress
- Curtains
- Locker
- Washroom Facilities

3. You are required to provide your own stationeries and textbooks

4. Other Useful Information

- Limited hostel facilities are available for female trainees at Kshs 8,000 and Kshs 1,000 caution money for new trainees.
- Trainees are not allowed to make their own meals in the hostel but instead, the Polytechnic will provide meals at a subsidized rate in the cafeteria.
- Private Hostels will be recommended to the male and female trainees ranging from Kshs 10,000 to 12,000 per term.
- Graduation fee is Kshs 3,000 to be invoice in last Module.

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**AFFIX PASSPORT SIZE PHOTO
HERE**

(Attach with glue only)

TRAINEE'S PARTICULARS FORM

1. COURSE DETAILS:					
Course Applied For	Level 6()Level 5()Level 4 & 3()Tick Appropriately	Admission No			
Course Name					
Department		Year of Admission			
2. PERSONAL PARTICULARS:					
Full Name	(Surname)	(Middle Name)	(First Name)		
Date of Birth		Sex		Nationality	
National ID No.		Trainee's Mobile No		Home County	
Marital Status		Place of Birth		Religion	
Home Address		Sub County		E-mail	
Mother's Name		Occupation		Mobile No	
Father's Name		Occupation		Mobile No	
Next of Kin/ Guardian Name		Occupation		Mobile No	
3. EXAMINATIONS RESULTS:					
KCPE Year		Mean Grade		Index Number	
KCSE Year		Mean Grade		Index Number	
Trainee's Signature				Date	
4. AGREEMENT TO BE FILLED AND SIGNED BY THE PARENT/GUARDIAN/SPONSOR:					
Name of Parent/Guardian/Sponsor				Mobile No.	
As stated in the admission letter, I will be fully responsible for payment of all Polytechnic fees and other charges levied by the Polytechnic authorities in respect of the above mentioned trainee. I will also undertake to meet the cost of any property of the Polytechnic lost/damaged or rendered unacceptable by the same trainee.					
Signature of Parent/Guardian/Sponsor				Date	
5. CHIEF/ ASSISTANT CHIEF DECLARATION:					
I certify that the applicant is a resident of my area of jurisdiction and that I have checked the information given and confirmed it to be true to the best of my knowledge					
Name		Sign		Stamp & Date	

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6. FOR OFFICIAL USE ONLY			
Admissions Officer's Name		Sign	Date
Remarks			

TRAINEE'S MEDICAL EXAMINATION REPORT

This form should be completed by the Medical Officer examining the trainee. The completed Form should be brought personally and presented to the Medical Registration Officers on the day of registration by the trainee. NB: No medical reports should be brought earlier or sent by post.

PART II (To be completed by the examining Medical Officer from recognized hospital)

Have you ever been admitted into a hospital?	Yes ()	No ()
If so, state reason for admission and date:		
Have you had any of the following illnesses?		
Tuberculosis or other chest infection? Yes () No (), Allergies to food or drugs? Yes () No ()		
Fits, nervous disease or fainting attacks? Yes () No (), Any disease of digestive system? Yes () No ()		
Heart disease or rheumatic fever? Yes () No (), Any disease of genital urinary system? Yes () No ()		
Allergies to food or drugs? Yes () No (), Malaria? Yes () No (), Sexually transmitted Disease? Yes () No (), Poliomyelitis? Yes () No (), COVID-19? Yes () No ()		
If the answer to any of the above is yes, please give details with dates: _____		
Have you been immunized against any of the following diseases:		
Tetanus? Yes () No () Date: _____.		
Poliomyelitis? Yes () No () Date: _____.		
Have you suffered from any of the following conditions:		
Visual acuity: Without Glass R/6 _____ L/6 _____		
With Glass R/6 _____ L/6 _____		
Hearing: Right Ear _____ Left Ear _____		
Condition of: Nose: _____ Teeth _____ Throat: _____		
Lymphatic glands: _____ Circulation system: _____		
Blood pressure _____ Systolic _____ Diastolic _____		
Report on Chest X-Ray (where necessary as per the clinical finding) _____		
Any observation on the following: Abdomen _____		
Spleen _____		
Evidence of hernia _____		
Any observed physical defects in addition to general records of observation:		
If any, please specify _____		
Is the trainee on any treatment _____		
If any, please specify _____		
Any other observation of importance: _____		

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Medical Officer's Name: _____
Name of the Hospital: _____
Medical Officer's Signature: _____
Stamp of the Hospital: _____ Date: _____

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TRAINEE'S NEEDS ASSESSMENT FORM

You are kindly requested to give the following information as truthfully as possible, which may assist both the Ministry and the Polytechnic in offering any required assistance	
Mark the category that best describes your circumstances (more than one category may be applicable)	
Indicate with a tick whichever is correct, as applies to you	
Are you orphaned or one parent deceased? Tick	An Orphan () Single Parent ()
Which among the parents is alive?	Mother () Father ()
Are you living under difficult circumstance?	Yes () No ()
If Yes, which one(s)	IDP's () ASAL (Arid and Semi-Arid Land) () Urban Slums () Rural Poor () Parent(s) with terminal or chronic illnesses ()
Do you have any special need(s)?	Yes () No ()
If Yes, which one(s)	Physical Impairment () Visual Impairment () Hearing Impairment () Terminal illness () Other (Specify) _____
Who will be paying your school fees?	Self-sponsorship () HELB () BOG () Employer () Others (Specify) _____

DRESS CODE

MALE TRAINEES
<ul style="list-style-type: none"> a) Hair must be well groomed. Shirts must cover the torso/chest at all times b) Shirts must have short or long sleeves c) Must wear long or three quarter trousers d) Fabric should not be sheer or transparent e) Design must not include foul language and/or graphics f) Clothes should be appropriate and not tight or reveal your body g) Inner wear should not be revealed at all h) Students are not allowed to wear bathroom slippers (patapata, sandals or crocs shoes) in the tuition area i) Caps and hats should not be worn in the compound (except on medical grounds)
FEMALE TRAINEES
<ul style="list-style-type: none"> a) No plunging necklines and no exposing cleavage b) Skirts and dresses must cover the knees c) Shirts, blouses, and top gear must cover the waist area d) All shirts and top wear must have short or long sleeves e) Must wear long or three quarter trousers f) Clothes should be appropriate and not tight or reveal your body g) Inner wear should not be revealed at all h) Fabric should not be sheer or transparent i) Design must not include foul language and/or graphics j) Students are not allowed to wear bathroom slippers (patapata, sandals or crocs shoes) in the tuition area

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k) Caps and hats should not be worn in the compound (except on medical grounds)					
l) Head covering should leave the whole face clear and visible					
NOTE: All trainees should fully abide by the dress code, failure to which disciplinary action can be taken. COMMITMENT: I agree to abide by the Polytechnic Dress Code					
Trainee's Name		Signature		Date	

7. TRAINEE'S DECLARATION			
<p>a) Personal information collected, held and exchanged by KCNP is required to enable us to comply with the TVET Act No. 29 of 2013 and our role as a training, assessment and certification Centre. The collection, use, storage, exchange and update of personal information will be in accordance with the Data Protection Act No. 24 of 2019.</p> <p>Key points to note:</p> <p>i) Applicants have the right to access and correct any information held about them.</p> <p>ii) KCNP may collect and store information for marketing purposes or to comply with the requirements of the Ministry of Education (trainees' statistical returns), Kenya National Qualifications Authority, Department of Immigration (if you are not a Kenyan citizen or permanent resident) and other educational organizations and agencies supporting trainees through sponsorships and awards. In addition, when required by statute, KCNP releases information to Government agencies such as the Kenya Police Service, the Criminal Investigation Department, and Ministry of Health</p> <p>b) I have read and understood the guideline above of how KCNP will apply the Privacy Act, and I authorise KCNP to collect, use and disclose personal information about me in accordance with that outline and the Data Protection Act No. 24 of 2019</p> <p>c) I declare that the information I have supplied in this form and any attached documentation is true and complete and I acknowledge that KCNP may suspend my application if false information has been supplied or required information is not supplied by the due date.</p> <p>d) I will make myself familiar and comply with provisions of KCNP's Policies and Regulations obtainable from the Library, departments or the KCNP website, www.kenyacoastpoly.ac.ke, including the Academic Policy, Dress Code and Programme Regulations</p> <p>e) KCNP may contact you via telephone, email and/or text message regarding your application, KCNP's services, news or events.</p>			
Trainee's Signature			Date

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MODULAR FEES STRUCTURE W.E.F MAY 2026

SNO	VOTE HEAD	Fee 1 st Installment	Fee 2 nd Instalment	Fee 3 rd Instalment	TOTAL
1.	Tuition	8,630	8,630	8,630	25,890
2.	Personal Emoluments	1,932	1,932	1,932	5,796
3.	Practical Materials	6,144	6,144	6,144	18,432
4.	L.T&T	606	606	606	1,818
5.	R.M.I	838	838	838	2,514
6.	Activity	732	732	732	2,196
7.	Assessment tools	3,000	3,000	3,000	9,000
8.	Electricity, Water & Conservancy	515	514	514	1,543
	Total	22,397	22,396	22,396	67,189

NOTE:

The fee is payable once or in installments and does not include the following:

1. Registration fee Kshs. 200 (payable once)
2. Students ID Card Kshs. 500 (payable on new registration)
3. KUCCPS registration fee Kshs. 500 (payable once)
4. Students Union Kshs.600 (per academic year)
5. Medical Kshs. 300 (per academic year)

A/C Number: 1106525027 (For continuing students)

A/C Number: 1106525183 (For new students)

Bank name: Kenya Coast National Polytechnic,

Branch: TREASURY SQUARE

Bank Code: 01,

Branch Code: 102

Swift Code: KCBLKENX

MICHAEL MAINA
CHIEF PRINCIPAL/COUNCIL SECRETARY



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