



MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY  
**SIAYA INSTITUTE OF TECHNOLOGY**

P O BOX 1087 – 40600 SIAYA, TEL: 0703564522

E-mail: [siaya.institute@yahoo.com](mailto:siaya.institute@yahoo.com)

Website: [www.siayainstitute.ac.ke](http://www.siayainstitute.ac.ke)



SIT/REG/F2

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**RE: OFFER OF ADMISSION**

*(Please read this offer very carefully and comply with the requirements for admission)*

**COURSE:** .....

**DURATION:** ..... **INTAKE:** .....

Your application for the above course has been accepted. You are required to report on ..... and the last date of reporting will be ..... **The following items will be checked before registration:**

**1. REGISTRATION/ADMISSION**

- i) Full fees as per the fee structure enclosed, payable by Bankers Cheques /draft, Money Order or Direct Banking to account No. 1106857135 KCB, Siaya Branch.
- ii) Three – Pass port size photographs recently taken
- iii) Photocopies and Originals of this Offer of Admission, Certificate/Slip, Leaving Certificate, Birth Certificate and ID card – both sides

**2. TUITION**

- i. Stationery (for personal use)
- ii. Clipboard (for personal use)
- iii. A Ream of photocopying papers

**3. BOARDING**

- i. Mattress, blanket and two bed sheets
- ii. Personal clothing (descent ones)
- iii. A plate, mug and spoon (fork and knife optional)
- iv. A plastic bucket and trough
- v. Mosquito net

## ESSENTIAL REQUIREMENTS FOR TECHNICAL STUDENTS

1. Standard T-Square 1.2 – 1.5M (plastic or wooden)
2. One 45° - 45° set square (a pair)
3. One 30° - 60° set square about 200mm
4. Engineering Drawing set
5. A Steadler eraser and Steadler Pencil (type HB 2H and 4B) enough to cover a term
6. Masking tape – one
7. Scale rule
8. One short sleeved (blue) overall for engineering students and one long sleeved (white) overcoat for laboratory technology and Land survey students
9. Scientific calculator
10. One pair of safety boots for Engineering students ( military type)

## 5. GAMES AND SPORTS

You are expected to participate in games and therefore every student is required to come with

1. One pair of games kits
2. One pair of rubber shoes

## LOCATION OF THE INSTITUTE

The Institute is located in Siaya Town along Siaya – Ndere Road, next to Siaya District Referral Hospital

*Congratulations for you being selected for the course and wish you the best of luck in your studies here.*

**GEOFFREY ANDAMA  
PRINCIPAL**

## DECLARATION BY PARENT/GUARDIAN FOR HOSPITAL TREATMENT

Please indicate below the hospital where you wish your son/daughter to be admitted in case of serious illness.

- a) Siaya District Referral Hospital and I am prepared to pay extra hospital charges
- b) BAMA Nursing Home (*private*) and I am prepared to pay the hospital charges.
- c) St Elizabeth Mission Hospital (*private*) and I am prepared to pay the hospital charges

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Student's Name

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Name and signature of Parent/Guardian/Sponsor



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**FEE STRUCTURE FOR 2017/2018 ACADEMIC YEAR – NEW STUDENTS**

VOTE HEADS	DEPARTMENTS			
	INST. MGT.	TECH/ APP. SCI	BUS/SOC	SEC/ICT
Tuition	5000.00	4000.00	2000.00	2500.00
Accommodation	3000.00	3000.00	3000.00	3000.00
Personal Emoluments	3000.00	3000.00	3000.00	3000.00
Local Transport & Travel	1000.00	1000.00	1000.00	1000.00
Electricity, water & conservancy	1000.00	1000.00	1000.00	1000.00
Repairs, Maintenance & Improvement	1000.00	1000.00	1000.00	1000.00
Contingency	1500.00	1500.00	1500.00	1500.00
Activity fee	500.00	500.00	500.00	500.00
Students Union	200.00	200.00	200.00	200.00
Book Levy	300.00	300.00	300.00	300.00
Medical Fee	300.00	300.00	300.00	300.00
<b>NON-RECURRENT FEE</b>				
Registration	500.00	500.00	500.00	500.00
Caution money	500.00	500.00	500.00	500.00
Development fund	3000.00	3000.00	3000.00	3000.00
Student Identity Card	200.00	200.00	200.00	200.00
<b>1<sup>ST</sup> TERM'S FEE</b>				
Boarder	<b>21,000.00</b>	<b>20,000.00</b>	<b>18,000.00</b>	<b>18,500.00</b>
Day scholars	<b>18,000.00</b>	<b>17,000.00</b>	<b>15,000.00</b>	<b>15,500.00</b>
<b>2<sup>ND</sup> TERM'S FEE</b>				
Boarder	<b>17,800.00</b>	<b>16,800.00</b>	<b>14,800.00</b>	<b>15,300.00</b>
Day scholars	<b>14,800.00</b>	<b>13,800.00</b>	<b>11,800.00</b>	<b>12,300.00</b>
<b>3<sup>RD</sup> TERM'S FEE</b>				
Boarder	<b>17,800.00</b>	<b>16,800.00</b>	<b>14,800.00</b>	<b>15,300.00</b>
Day scholars	<b>14,800.00</b>	<b>13,800.00</b>	<b>11,800.00</b>	<b>12,300.00</b>
<b>TOTAL FEE FOR THE WHOLE YEAR</b>				
Boarder	<b>56,600.00</b>	<b>53,600.00</b>	<b>47,600.00</b>	<b>49,100.00</b>
Day scholars	<b>47,600.00</b>	<b>44,600.00</b>	<b>38,600.00</b>	<b>40,100.00</b>

1. The Institute runs a cafeteria where students purchase meals on pay as you eat (PAYE) system. Parents/sponsors are advised to adequately provide for their sons/daughters for this purpose.
2. Payments for Accommodation and Tuition fee should be made in favour of Siaya Institute of Technology by Bankers cheques/drafts or Direct Deposit to Account No. 1106857135 KCB, Siaya Branch. Those paying by cheque should include Kshs. 250/= cheque clearance fee.
3. Personal cheques are not acceptable.
4. Fees must be paid in full at the beginning of the term. You must therefore make arrangements with your sponsor or parent to forward to us total fees for each term on or before the opening date of the term.
5. Fees are subject to review from time to time by the BOG. Our offices are open between 8.00am – 1.00p.m and 2.00p.m – 5.00p.m every day except over the weekend and public holidays.

**GEOFFREY ANDAMA**  
**PRINCIPAL/SECRETARY BOG**

**SIAYA INSTITUTE OF TECHNOLOGY**  
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NOTE: applicants for entry to the Institute **MUST** get this form completed by a registered Doctor **BEFORE** reporting.

**STUDENT'S NAME:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

1. Eye and Vision: Unaided Right –Left Aided Right – Left Colour Blind Visual Field	
2. Nose and Throat Is nasal breathing - Habitual -Adenoids	
3. Ear Hearing voice Right Left	
4. Mouth and Teeth	
5. Glands in the neck	
6. Chest and Heart With special reference to any Tubercular tendencies	
7. Urine Faeces	
8. Spleen and Liver Piles and varicose veins	
10. Any other weakness, defect, allergy or disease(s) e.g. defects on speech, local itching or spasm, chore or other neurons disorder, venereal disease or rheumatics tendency	
11. General observation: if care is desirable in any special direction please give particulars	

*Payments for the medical examination are the sole responsibility of the applicant.*

Signature of registered Medical Practitioner:

**ADDRESS:** \_\_\_\_\_ **DATE/STAMP:** \_\_\_\_\_