

APPLICATION FOR ADMISSION

AUGUST INTAKE

CLOSING DATE: 31 JULY 2025

APPLICATION NUMBER

For Office Use Only

Erf 1957, Bahnhof Street, Windhoek Po Box 70366, Khomasdal,
WindhoekE-mail: register@kestechtraining.com ,Tel: +264 81 627 7111
Website: www.kestechtraining.com

INSTRUCTIONS:

- Fully complete the form in black/blue ink.
- An application fee of N\$ 100.00 non-refundable.** Attach the proof of payment or a deposit slip with this application. Our banking details: **KESTECH Training Centre, FNB, Account number: 62270258249, Branch Code: 282672**
- Applications can be submitted at **KESTECH Training Centre** or mailed to:
KESTECH Training Centre, P.O.Box 70366, Khomasdal, Windhoek

Passport Photo

APPLICANT'S PARTICULARS | Mark Appropriate Box with an 'X'

Gender	Male	Female	Marital Status	Single	Married
Surname:			First Name(s):		
Date of Birth:			Identity Number:		
Residential (Home) Address:					
Region:		Postal Address:			
Contact Details:			Email Address:		

MINIMUM ADMISSION REQUIREMENTS

- ☐ **20 Points** in (6) subjects in Grade 11/12 with E symbol in English, Math and Science
- ☐ **23 Points** in (6) subjects in Grade 10 with E symbol in English, Math and Science
- ☐ ID/Passport of the applicant and both parents
- ☐ Birth Certificate of the applicant
- ☐ Proof of parents/Guardian income responsible for payments
- ☐ Passport photo
- ☐ Confirmation letter of the Employer responsible for payments

Note: Admission conditions may apply to students not meeting the above requirements.

FIELD OF STUDY

CBET: Solar Equipment Installation and Maintenance (tick)	1	2	Solar starts at level 1
CBET: Electrical Engineering (tick)	2	3	Electrical starts level 2

EDUCATIONAL DETAILS

School Name:		Year of Examination:	
Highest Grade Passed:			
Qualification Obtained:			
Higher Institution Attended:			

SUBJECTS OF THE HIGHEST GRADE COMPLETED													
Subjects			Symbols		Levels								
1													
2													
3													
4													
5													
6													
EMPLOYMENT DETAILS (If applicable)													
Name of Employer:													
Employer Address:													
Region:					Phone no:								
Position Held:						Duration:							
Email Address:													
MEANS OF PAYMENT Mark Appropriate Box with an 'X'													
Private:		Yes	No	Company:		Yes	No	Other:					
HEALTH PARTICULARS													
Do you suffer from any chronic disease(s)?						Yes		No					
If yes, Please Specify:													
Do you have any disability?						Yes		No					
If yes, state the nature of your Disability:													
Do you have any special need/s?						Yes		No					
If yes, please specify:													
PERSONAL PROTECTIVE EQUIPMENT													
Trousers Size:				Overall Size:				Shirt Size:					
Shoes Size:													
DECLARATION													
ALL THE ATTACHED SUPPORTING DOCUMENTS ARE AUTHENTIC. ANY FALSE INFORMATION WILL LEAD TO MY APPLICATION BEING DISQUALIFIED.													
Applicant's Signature: Date:/...../.....													
FOR OFFICE USE ONLY													
Payments Method:		Bank Transfer		Yes		No		Cash		Yes		No	
Receipt Number:						Cash Slip no:							
Status of the Application:				Admitted				Not Admitted					
Reason(s):.....													
.....													
.....													
.....													