

APPENDIX VII
LIST OF ALL APPLICANTS WITH DISABILITIES

REGION **COUNTY**

S/NO	NAME	TSC NO.	NCPWD NO.	GENDER	MOBILE NO.	PTE POINTS	KCSE MEAN GRADE	YEAR OF GRAD	SUB-COUNTY	HOME COUNTY	AGE.	REMARKS IF ANY eg Type of Disability

We confirm that the information entered above is correct to the best of our knowledge.

SECRETARY, SUB - COUNTY SELECTION PANEL

Name _____ TSC No. _____

Sign. _____ Mobile No. _____ Date: _____

CHAIRPERSON, SUB-COUNTY SELECTION PANEL

Name _____ TSC No. _____

Sign. _____ Mobile No. _____ Date: _____