

APPENDIX V

LIST OF SELECTED APPLICANTS

REGION **COUNTY**

S/NO	NAME	TSC NO.	NCPWD NO.	GENDER	SUB COUNTY	MARKS SCORED	TP GRADE	KCSE MEAN GRADE	YEAR OF GRAD.	MOBILE NO.	HOME COUNTY	REMARKS, IF ANY, e.g. disability

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

SUB-COUNTY SELECTION PANEL SECRETARY

Name _____ TSC No. _____

Sign. _____ Mobile No. _____ Date: _____

SUB-COUNTY SELECTION PANEL CHAIRPERSON

Name _____ TSC No. _____

Sign. _____ Mobile No. _____ Date: _____