



TEACHERS SERVICE COMMISSION
EDUCATION MANAGEMENT INFORMATION SYSTEM(EMIS)
TEACHER TRAINING COLLEGE DATA RETURN FORM 'A'
YEAR _____ TERM

GENERAL GUIDELINES AND INSTRUCTIONS

- 1. Read the instructions on the form very carefully before completing.**
- 2. This form is to be completed by the head of the institution. Note: Information provided in this form should be correct. Provision of incorrect information may lead to disciplinary action.**
- 3. All parts of the form must be filled.**
- 4. The information should be captured for the month of May.**
- 5. The form is to be completed in triplicate. The institution should retain the triplicate while the original and duplicate be forwarded to TSC County Director by 31st May.**
- 6. For any query regarding this form contact the TSC County Director.**

DISTRIBUTION

- (i) Principal's copy to be retained in the Institution.
- (ii) TSC Copy through TSC County Director
- (iii) County Director's Copy

IV. STAFF ESTABLISHMENT

DEPARTMENT NAME																			
S/No.	TSC No.	ID NUMBER	Name	sex m/f	Date of Birth dd/mm/yy	Nationa lity Code	Terms of Service Code	Date of First Appoint ment dd/mm/yy	Grade Code	Date Appointed to the Current grade dd/mm/yy	Qual. Code	Designa tion Code	Religio n Code	Teaching Subjects (Currently Taught)		Department Name	Univ/College of Study(most current)	Hrs taught per wk	Signature /Reason for absence/Type of Leave)
														Major	Minor				
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
TOTAL HOURS TAUGHT IN THE DEPT. PER WEEK =																			
Nationality		Terms of Service		Grade Code				Qualification Code		Designation Code		Religion		Reason for absence/Type of Leave					
1. Kenyan		1. Permanent		1 TCTT III		H		16 LECTURER		L		1. Phd		1. Principal		1. Catholic		1. Sick Leave	
2. Other		2. Contract		2 ATS IV		H		17 ATS I		L		2. Masters		2. Deputy Principal		2. Protestant		2. Study Leave	
		3. Temporary		3 UTTT		H		18 SNR. GRAD		M		3. Degree		3. Dean of Students		3. Hindu		3. Maternity	
				4 UTGRAD		J		19 SNR. APPR. TEACHER		M		4. H. Dip./Dip Tech. Ed.		4. Dean of curriculum		4. Islam		4. Special Leave	
				5 TCTT II		J		20 SNR. LECTURER		M		5. H. Diploma		5. Registrar		5. Other		5. Compassionate leave	
				6 TDTT III		J		21 PRINCIPAL III		M		6. Diploma/Dip. Tech Ed.		6. Guidance & counselling co-ordinator				6. Leave of Absence	
				7 ATS III		K		22 PGAT II		N		7. Diploma Techn.		7. Teaching practice Co-ordinator				7. Annual leave	
				8 TCTT I		J		23 PAT II		N		7. Tech. Cert		8. HoD				8. Leave outside Kenya	
				9 TDTT II		K		24 P. LECTURER		N		8. PI		9. Principal Lecturer					
				10 ATS II		K		25 PRINCIPAL II		N				10. Senior Lecturer					
				11 GAT II		K		26 PGAT I		P				11. Lecturer					
				12 TDTT I		L		27 PAT I		P				12. Asst. Lecturer					
				13 ASS. LECTURE		R		28 PRINCIPAL I		P									
								29 SPGAT		Q									
								30 CPGAT		R									

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23																			
24																			
25																			
26																			
27																			
28																			
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32																			
33																			
34																			

MANAGEMENT AND EXAMINATION PERFORMANCE OF THE INSTITUTION						
INSPECTION		EXAMINATION				
Last date the School was Inspected.						
Type and level of inspection (Tick as Applicable)		1. PTTC Results	No. of Candindates	Percentage Passed	NO. of Candidates who Passed	Special Reports
1. Type	2. Level	a) Last Year				No. of Teachers who cannot teach
a) Routine/Advisory	a) National	b) Previous Year				full load: <input type="text"/>
b) Audit	b) Provincial		pos.	out of		Reasons: (a) Sickness _____
c) Investigative	c) District	2.a) Position in the Country last year	_____	_____		(Tick as applicable) (b) Disability _____
d) Any other	d) Divisional	b) Position in the Country Previous Year.	_____	_____		(c) Other (Specify) _____
(specify)	e) Zonal					No. of periods lost due to absenteesim _____

VIII. Study Programmes

This part captures any Teacher who is undergoing any course. The information will guide the Commission on future projections and planning.

	TSC NO.	Name	Course Pursuing	Date Started dd/mm/yy	Date Expected to complete dd/mm/yy	Area of Specialization Code	Mode of Training (FullTime or PartTime)
1							
2							
3							
4							
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8							
9							
10							

List Of Courses	Areas Of Specialization						Mode of Training
1 H. Diploma	1.Technology	9. Education Planning and Administration	18.medical lab. Tech	27.Engineering maths	36.Medical engineering	1. Full time	
2 Tech.ED	2.Education	10.Entrepreneurship	19. French/ German	28.Secretirial	37.Fishers	2. Part time	
3 MSC	3.Mechanical	11.Special Education	20. Guidance and counselling	29.Food & beverage	38.Printing Technology	3. Open learning	
4 MBA	4.Automotive	12.Business	21. Economics of Education	30.Hotel & managment	39.Graphic Arts & design	4. School based	
5 MED	5.Building	13.Electronics	22.Coomunication& Media	31.Health Science	40. Architecture	5. Correspondence/ Dist. Learning	
6 M'PHIL	6.Civil	14.Electrical	23.Library	32.Applied Biology	41.Telecommunication		
7 PHD	7.Computer Science&engineering	15.Clothing	24.Chemical engineering	33.Applied Chemistry	42.mechatronics		
8. Any Other (Specify)	8.Information Technology	16.Food and Beverage	25.Surveying	34.Applied Physyics	43. Accounts		
	9.Education Planning and Admin	17.Pharmacy	26.Economics	35.Aeronatical	44.Other		

I certify that the information is correct

Principal's NAME: _____ TSC Number: _____ SIGNATURE: _____ DATE: _____	Institutional stamp	DEO/ MEO/DCE		Institutional stamp
		Personal No.		
		Signature		
		Date		

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Principal's NAME: _____	Institutional stamp	County Director	Institutional stamp
TSC Number: _____		Personal No.	
SIGNATURE: _____		Signature	
DATE: _____		Date	