



TEACHERS SERVICE COMMISSION  
EDUCATION MANAGEMENT INFORMATION SYSTEM(EMIS)  
TECHNICAL TRAINING INSTITUTES 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	Nationality 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/Ty pe 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				
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. TEACH		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. Te		6. Industrial Attcahment co-ordinator				6. Leave of Absence	
				7 ATS III		K		22 PGAT II		N		7. Diploma Techn.		7. Guidance & counselling co-ordinator				7. Annual leave	
				8 TCTTI		J		23 PAT II		N		7. Tech. Cert		8. Teaching practice Co-ordinator				8. Leave outside Kenya	
				9 TDTT II		K		24 P. LECTURER		N		8. PI		9. HoD					
				10 ATS II		K		25 PRINCIPAL II		N				10. Principal Lecturer					
				11 GAT II		K		26 PGAT I		P				11. Senior Lecturer					
				12 TDTT I		L		27 PAT I		P				12. Lecturer					
				13 ASS.LECTURE		R		28 PRINCIPAL I		P				13. Asst. Lecturer					
								29 SPGAT		Q				14. Technical Teacher					
								30 CPGAT		R				15. Untrained tech. Teacher					

**2. Summary of Courses , Classes, Enrolment and teaching Load in hours per week in the department**

	Main Course Offered in the	Min. Entry requirement	Duration	Classes & No. of Trainees									No. of Hours per Wk.				Teachers Summary				
				1st yr			2nd yr			3rd yr			1st	2nd	3rd	Total	CBE at 15 Hrs/wk	TOD	Under	Over	Remarks
				Classes	Students		Classes	Students		Classes	Students		yr	yr	yr						
					M	F		M	F		M	F									
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20																					
<b>TOTAL</b>																					

**3. Summary of Understaffing or Overstaffing in the Department**

Understaffing		Overstaffing		Remarks
NO.	Subject and Qualification	NO.	Subject and Qualification Level	

**MANAGEMENT AND EXAMINATION PERFORMANCE OF THE INSTITUTION**

INSPECTION		EXAMINATION				EXAMINATION			
Last date the School was Inspected.									
Type and level of inspection (Tick as Applicable)		1. Technical Exams	No. of Candindates	Percentage Passed	NO. of Candidates who Passed	Business exams	No. of Candindates	Percentage Passed	NO. of Candidates who Passed
1. Type	2. Level	a) Last July				a)last July			
a) Routine/Advisory	a) National	b)Last Nov.				b)last Nov			
b) Audit	b) Provincial								
c) Investigative	c) District	2.a) Position in the Country July last year		pos. _____	out of _____	2 a)Position in the country in July		pos. _____	out of _____
d) Any other	d) Divisional	b) Position in the Country Nov last yr.		_____	_____	b)Position in the country in Nov		_____	_____
(specify)	e) Zonal								

Audited Reports	Special Reports
1. Year of current Audited Accounts _____	No. of Teachers who cannot teach
2. Year Last books of Account were	full load: <input type="text"/>
Submitted _____	Reasons: (a) Sickness _____
3. Year last Annual Appraisal reports	(Tick as applicable) (b) Disability _____
submmitted _____	(c) Other (Specify) _____
	No. of periods lost due to absenteesim <input type="text"/>

**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							
5							
6							
7							
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.Secretarial	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 Phsyics	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: _____	Institutional stamp
TSC Number: _____	
SIGNATURE: _____	
DATE: _____	