TSC CIRCULAR NO. 20/2019

TO:  
TSC REGIONAL DIRECTORS  
TSC COUNTY DIRECTORS  
TSC SUB COUNTY DIRECTORS

GUIDELINES FOR RECRUITMENT OF TEACHERS - PRIMARY SCHOOLS 2019/2020

1.0 GENERAL INFORMATION

(a) Following the advertisement for recruitment of teachers for Primary schools, You are required to conduct a selection exercise for candidates wishing to be employed and submit the County Merit list to the TSC Headquarters. The list should be ratified by the County Selection Panel.

(b) The selection panel will be expected to exercise the highest degree of transparency and accountability, as stipulated in the Public Officers Ethics Act and TSC Code of Conduct and Ethics (2015). The TSC County Director is expected to induct members of the County Selection Panel on the relevant Sections of the Act before the commencement of the selection exercise.

(c) All applicants must be registered teachers in line with Section 23(1) of the Teachers Service Commission Act Cap 212. Those without Registration Certificates must attach a printout showing verified status as evidence of application for registration. However, applicants who do not meet registration requirements will not be recruited.

(d) Applicants who apply for confirmation of results from KNEC should give the address of the County Director where they submitted their application. It is their responsibility to ensure that the results are received within 14 days after the verification of certificates.
(e) Applicants working in other Government Departments and who meet the requirements are eligible to apply.

(f) Upon submission of application letters, all applicants shall be given a serial number. The selection date and venue should be communicated at the same time.

(g) The Sub County Director MUST acknowledge all applications immediately upon receipt before the verification date and promptly advise those who do not meet the selection criteria (specifying the reasons).

(h) During the selection applicants must present original and legible photocopies of the following documents; -
   i) National identification card
   ii) National Council of Persons with Disability (NCPWD) Card (where applicable);
   iii) KCPE certificate;
   iv) KCSE certificates (include first attempt certificate if one repeated exams) or A Level Certificate (where applicable);
   v) PTE certificate;
   vi) Primary, Secondary Schools leaving certificates and other relevant testimonials.

(i) All applicants should be given equal opportunity. However, applicants with special needs should be considered on affirmative action, provided that they meet the stipulated recruitment criteria.

(j) The selection date and venue must be displayed on notice boards at the County, Sub-County and Zonal offices at least seven (7) days before the selection exercise.

(k) The selection panel shall vet each applicant to establish if he/she meets the requirements of the TSC advertisement.

(l) Preference will be given to the applicants who have not been previously employed by the Commission.

2.0. SUB COUNTY SELECTION PANEL

The Selection Panel shall comprise of the following members: -
   i) The Sub County Director - Chairperson
   ii) TSC Sub County Human Resource Officer - Secretary
iii) All Zonal Curriculum Support Officers - Members

3.0.0 VERIFICATION EXERCISE

i) The TSC Sub County Director shall verify the TSC registration status of all applicants;

ii) The TSC Sub County shall present a list of all applicants to the Selection Panel;

iii) Applicants must appear in person before the Selection Panel on the set date.

3.0.1 AUTHENTICATION OF ACADEMIC AND PROFESSIONAL DOCUMENTS

a) Original academic and professional certificates shall be scrutinized to verify their authenticity.

b) The TSC Sub County Director shall certify photocopies of the certificates before forwarding them to the TSC County Director.

c) Any applicant(s) who present forged/fake academic, professional and other documents commit(s) an offence; shall be disqualified and can be deregistration in accordance with Code of Regulations for Teachers (CORT).

3.0.2 SELECTION CRITERIA

Applicants shall be awarded marks as per the score sheet (Appendix 1(a) and 1(b)). Where applicants tie in score, the panel shall refer to the footnote on the panel score sheet for guidance.

4.0 DOCUMENTS TO BE SUBMITTED TO TSC COUNTY DIRECTOR

The Sub County Selection Panel will be required to submit the following to the TSC County Director:

i. Registration list of all applicants in the Sub County (Appendix II);

ii. Sub County merit list (Appendix III);

iii. Summary of complaints raised (if any) together with action taken;

iv. Minutes of the Sub-County Selection Panel duly signed by the Chairperson and Secretary.

5.0 COUNTY SELECTION PANEL

a) After submission of merit lists by the Sub County Directors, TSC County Director will constitute a selection panel comprising the following members;
i. TSC County Director - Chairperson
ii. TSC Deputy County Director - Secretary
iii. County Human Resource Officer - Member
iv. All TSC Sub County Directors - Members

b) The TSC County Director will be required to convene a County Panel to ratify Sub County merit lists for onward submission to the TSC Headquarters within the stipulated timeline.

c) The selected applicants from the merit list shall correctly fill the TSC Application for Employment Form (APPT 1) without erasing or defacing it.

d) The merit list compiled during the selection process at the beginning of the financial year will be used in subsequent recruitments within the financial year. Selected applicants shall be informed through the short message service (SMS).

**NB: It is the responsibility of the TSC County Director to ensure that the exercise is fair and transparent.**

### 6.0 COMPLAINTS

a) Any applicant who is dissatisfied with the exercise should submit to the TSC County Director a written complaint immediately and send a copy to the TSC Headquarters not later than **seven (7) days** after the selection exercise;

b) The TSC County Director should, within **seven (7) days** analyze and address all complaints raised after the selection process has been completed and thereafter submit a report to the Headquarters on the action taken.

c) Where the complaint is made against the TSC County Director, the TSC Headquarters shall investigate the allegations and take appropriate action.

### 7.0 DOCUMENTS TO BE SUBMITTED TO TSC HEADQUARTERS

The TSC County Director shall submit the following to the TSC Headquarters:

i. County Selection Panel minutes duly signed by the Chairperson and Secretary;
ii. County merit list *(Appendix IV)*. Both in soft (Excel) via ddstaffingp@gmail.com and hard copy;
iii. List of all selected applicants drawn from the current merit list *(Appendix V)*
iv. List of all the applicants who did not appear in the merit list *(Appendix VI)* with names of absent candidates during the certificate verification exercise;

v. Duly filled Application for Employment Forms (APPT I) for the selected applicants;

vi. Original statement of confirmation of PTE/KCSE/KCPE results from KNEC for applicants without original certificates;

vii. Certified copies of the following documents in the order indicated below:

   a) National identification card;
   b) National Council of Persons with Disability (NCPWD) Card (where applicable);
   c) Two passport size photographs;
   d) KCPE Certificates;
   e) KCSE Certificates (include first attempt certificate if one repeated exams);
   f) PTE Certificate;
   vii) Primary and Secondary Schools and college leaving certificates and other testimonials;
   viii) KRA PIN certificate, Bank form and Bank plate to facilitate appointment on payroll.

Viii) Written commitment by the applicant to serve in any county posted to, for a minimum period of **five (5) years**, and **three (3) years** in case of North Eastern region;

ix) Panel score sheet *(Appendix I)* both in soft (excel) via ddstaffingp@gmail.com and hard copy for the selected applicants;

**NB:** Where names on submitted documents differ, the applicants will be required to submit a sworn affidavit.

### 8.0 IMPORTANT NOTES

(a) Under no circumstances should the Application for Employment Form be defaced or photocopied for use.

(b) All enquiries arising from these guidelines should be made to the TSC County Director.

(c) Notwithstanding the decentralization of the function of teacher’s recruitment pursuant to Section 20 of the TSC Act, the Commission is not precluded from carrying out recruitment directly from the TSC Headquarters.
9.0 Attached find the following Appendices:

a) Appendix I (a): Panel Score Sheet for primary school teachers.
b) Appendix I (b): Panel Score Sheet for primary school teachers living with disabilities.
c) Appendix II: Sub County Registration list of all the applicants.
d) Appendix III: Sub County merit list.
e) Appendix IV: County merit list.
f) Appendix V: List of selected applicants
g) Appendix VI: List of applicants who do not appear in the merit list;
h) Appendix VII: List of applicants with special needs.

SECRETARY/CHIEF EXECUTIVE

Copy to:
1. The Cabinet Secretary
   Ministry of Education
   P.O. BOX 30040 - 00100
   [NAIROBI]

2. The Principal Secretary
   State Department of Basic Education and Early Learning
   Ministry of Education
   P.O. BOX 30040 - 00100
   [NAIROBI]

3. The Principal Secretary
   State Department of Vocational & Technical Training
   Ministry of Education and Early Learning
   P.O. BOX 30040 - 00100
   [NAIROBI]

4. The Principal Secretary
   National Treasury
   P.O. BOX 30007 - 00100
   [NAIROBI]

5. The Principal Secretary
   Interior and National Coordination
   Office of the President
   P.O. BOX 30510 - 00100
   [NAIROBI]
6. Clerk to the National Assembly  
Parliament Building  
P.O. Box 41842 – 00100  
NAIROBI

7. Clerk to the Senate  
Clerk’s Chambers  
P.O. Box 41842 – 00100  
NAIROBI

8. The Secretary General  
Kenya National Union of Teachers  
P.O. BOX 30407 - 00100  
NAIROBI

9. The Secretary General  
Kenya Union of Post Primary Education Teachers  
P.O. BOX 30412 – 00100  
NAIROBI

APPENDIX 1(a)
# Panel Score Sheet for Primary School Teachers

**Applicant's Name**: ________________________  
**TSC No.**: ____________________________  
**County**: __________________  
**Sub County**: __________________  
**Grade**: __________  
**Year of Graduation**: ____________  
**PTE Points**: __________

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<thead>
<tr>
<th>Scoring Areas</th>
<th>Maximum Score</th>
<th>Actual Score</th>
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<tbody>
<tr>
<td><strong>A</strong></td>
<td>\ \ Professional P1 Qualifications</td>
<td>40</td>
</tr>
<tr>
<td>6-14 points</td>
<td></td>
<td>40</td>
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<tr>
<td>15-26 points</td>
<td></td>
<td>35</td>
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<tr>
<td>27-38 points</td>
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<td>30</td>
</tr>
<tr>
<td>39-52 points</td>
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<td>25</td>
</tr>
<tr>
<td>53-64 points</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>NB: The score does not include teaching practice.</td>
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<tr>
<td><strong>HIGHEST SCORE</strong></td>
<td></td>
<td>40</td>
</tr>
<tr>
<td><strong>B (i)</strong></td>
<td>Length of stay since graduation for those who have never been employed by TSC</td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>2008 and before</td>
<td>40</td>
</tr>
<tr>
<td>ii.</td>
<td>2009-2010</td>
<td>35</td>
</tr>
<tr>
<td>iii.</td>
<td>2011-2012</td>
<td>30</td>
</tr>
<tr>
<td>iv.</td>
<td>2013-2014</td>
<td>25</td>
</tr>
<tr>
<td>v.</td>
<td>2015-2016</td>
<td>20</td>
</tr>
<tr>
<td>vi.</td>
<td>2017-2018</td>
<td>15</td>
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<tr>
<td>vii.</td>
<td>2019-2020</td>
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<tr>
<td><strong>MAXIMUM</strong></td>
<td></td>
<td>40</td>
</tr>
<tr>
<td><strong>B (ii)</strong></td>
<td>Length of stay since graduation for those who were previously employed by TSC</td>
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<td>i.</td>
<td>2004 and before</td>
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<td>ii.</td>
<td>2005-2006</td>
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<tr>
<td>iii.</td>
<td>2007-2008</td>
<td>30</td>
</tr>
<tr>
<td>iv.</td>
<td>2009-2010</td>
<td>25</td>
</tr>
<tr>
<td>v.</td>
<td>2011-2012</td>
<td>20</td>
</tr>
<tr>
<td>vi.</td>
<td>2013-2014</td>
<td>10</td>
</tr>
<tr>
<td>vii.</td>
<td>2015 and after</td>
<td>5</td>
</tr>
<tr>
<td><strong>MAXIMUM</strong></td>
<td></td>
<td>40</td>
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</tbody>
</table>
### C (i)  
*Age of applicant*  
*(To be used for applicants who have never been employed by the Commission)*  

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<th>Age Range</th>
<th>Score</th>
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<td>37 – 39</td>
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<td>34 – 36</td>
<td>12</td>
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<tr>
<td>29 – 33</td>
<td>8</td>
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<tr>
<td>28 and below</td>
<td>4</td>
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**HIGHEST SCORE**  
20

### C (ii)  
*Age of applicant*  
*(To be used for applicants who had been previously employed by the Commission)*  

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Score</th>
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<tbody>
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<td>44 - 45</td>
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<td>35 – 39</td>
<td>12</td>
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<td>31 – 34</td>
<td>8</td>
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<tr>
<td>30 and below</td>
<td>4</td>
</tr>
</tbody>
</table>

**MAXIMUM**  
20

**GRAND TOTAL**  
100

**NB:**  
Where applicants tie in score, the panel is advised to apply the criteria below in the order given:

a) Age of the applicant (44-45 years) with previous teaching experience of three years and had not previously been employed by the Commission.  
b) Give preference to applicants with highest grade obtained in Teaching Practice;  
c) Use quality of the academic KCSE certificates;  
d) Give preference to applicants who graduated earlier;  
e) Give preference to applicants who had not been previously employed by the Commission.

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

**SELECTION PANEL SECRETARY**  
Name ______________________________ TSC No. ___________________________  
Sign. ______________________________ Mobile No. ________________________  
Date: _______________________________
SELECTION PANEL CHAIRPERSON
Name __________________________ TSC No. __________________________
Sign. __________________________ Mobile No. ______________________
Date: ____________________________

Verified by:

TSC COUNTY DIRECTOR/ CHAIRPERSON, COUNTY SELECTION PANEL
Name __________________________ TSC No. __________________________
Sign. __________________________ Mobile No. ______________________
Date: ____________________________
APPENDIX 1 (b)

PANEL SCORE SHEET FOR TEACHERS LIVING WITH DISABILITY

<table>
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<tr>
<th>SCORING AREAS</th>
<th>MAXIMUM SCORE</th>
<th>ACTUAL SCORE</th>
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</thead>
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<tr>
<td><strong>A Professional P1 qualifications</strong></td>
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<td>6-14 points</td>
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<td>53-64 points</td>
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</tr>
<tr>
<td><strong>NB:</strong> The score does not include teaching practice.</td>
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<td></td>
</tr>
<tr>
<td><strong>HIGHEST SCORE</strong></td>
<td>40</td>
<td></td>
</tr>
<tr>
<td><strong>B Length of stay since graduation</strong></td>
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<td></td>
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<tr>
<td>i. 2010 and before</td>
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<td></td>
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<td>ii. 2011-2012</td>
<td>35</td>
<td></td>
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<td>iii. 2013-2014</td>
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<td>iv. 2015-2016</td>
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<td>v. 2017-2018</td>
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<td></td>
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<tr>
<td>vi. 2019-2020</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td><strong>MAXIMUM</strong></td>
<td>40</td>
<td></td>
</tr>
<tr>
<td><strong>C Age of applicant</strong></td>
<td></td>
<td></td>
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<td>38 - 45</td>
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<td><strong>MAXIMUM</strong></td>
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<tr>
<td><strong>GRAND TOTAL</strong></td>
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**NB:**

i) Where applicants tie in score, the panel is advised to apply the criteria below in the order given:
   a. Age of the applicant (44-45 years) with previous teaching experience of three years and had not been previously employed by the Commission;
   b. Give preference to applicants with highest grade obtained in Teaching Practice;
c. Use quality of the academic certificates KCSE;
d. Give preference to applicants who graduated earlier.
e. Give preference to applicants who had not been previously employed by the Commission.

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

**SELECTION PANEL SECRETARY**
Name ______________________________ TSC No. _____________________________
Sign. ______________________________ Mobile No. ___________________________
Date: ______________________________

**SELECTION PANEL CHAIRPERSON**
Name ______________________________ TSC No. _____________________________
Sign. ______________________________ Mobile No. ___________________________
Date: ______________________________

**Verified by:**

**TSC COUNTY DIRECTOR/ CHAIRPERSON, COUNTY SELECTION PANEL**
Name ______________________________ TSC No. _____________________________
Sign. ______________________________ Mobile No. ___________________________
Date: ______________________________
### SUB COUNTY REGISTRATION LIST OF ALL APPLICANTS

**COUNTY .................................. SUB COUNTY ..........................................................**

<table>
<thead>
<tr>
<th>S/NO</th>
<th>NAME</th>
<th>TSC NO.</th>
<th>NCPWD NO.</th>
<th>GENDER</th>
<th>MOBILE NO.</th>
<th>PTE POINTS</th>
<th>AGE</th>
<th>HOME COUNTY</th>
<th>YEAR OF GRAD.</th>
<th>REMARKS IF ANY</th>
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We confirm that the information entered in above is correct to the best of our knowledge.

**SELECTION PANEL SECRETARY**

Name ______________________________ TSC No. __________________________
Sign. ______________________________ Mobile No. ______________________
Date: _______________________________

**SELECTION PANEL CHAIRPERSON**

Name ______________________________ TSC No. __________________________
Sign. ______________________________ Mobile No. ______________________
Date: _______________________________

Verified by:

**TSC COUNTY DIRECTOR/ CHAIRPERSON, COUNTY SELECTION PANEL**

Name ______________________________ TSC No. __________________________
Sign. ______________________________ Mobile No. ______________________
Date: _______________________________
# APPENDIX III

## SUB-COUNTY MERIT LIST

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<th>S/NO</th>
<th>NAME</th>
<th>TSC NO.</th>
<th>NCPW D NO.</th>
<th>GENDER</th>
<th>SCORE AREAS</th>
<th>TP GRADE</th>
<th>KCSE MEAN GRADE</th>
<th>YEAR OF GRADE</th>
<th>MOBILE NO.</th>
<th>REMARKS IF ANY</th>
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<td>B</td>
<td>C</td>
<td>TOTAL</td>
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We confirm that the information entered above is correct to the best of our knowledge.

**SELECTION PANEL SECRETARY**

Name ______________________________ TSC No. __________________
Sign. ______________________________ Mobile No. __________________
Date: ______________________________

**SELECTION PANEL CHAIRPERSON**

Name ______________________________ TSC No. __________________
Sign. ______________________________ Mobile No. __________________
Date: ______________________________

**Verified by:**

**TSC COUNTY DIRECTOR/ CHAIRPERSON, COUNTY SELECTION PANEL**

Name ______________________________ TSC No. __________________
Sign. ______________________________ Mobile No. __________________
Date: ______________________________
COUNTY MERIT LIST

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<th>GENDER</th>
<th>SUB COUNTY</th>
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<th>TP GRADE</th>
<th>KCSE MEAN GRADE</th>
<th>YEAR OF GRAD.</th>
<th>MOBILE NO.</th>
<th>HOME COUNTY</th>
<th>REMARKS IF ANY DISABILITY</th>
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We confirm that the information entered above is correct to the best of our knowledge.

COUNTY SELECTION PANEL SECRETARY
Name ______________________________ TSC No. ___________________________
Sign. ______________________________ Mobile No. _________________________
Date: ________________________________

COUNTY SELECTION PANEL CHAIRPERSON
Name ______________________________ TSC No. ___________________________
Sign. ______________________________ Mobile No. _________________________
Date: ________________________________
APPENDIX V
LIST OF SELECTED APPLICANTS

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<th>S/NO</th>
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<th>GENDER</th>
<th>SUB COUNTY</th>
<th>MARKS SCOR ED</th>
<th>TP GRADE</th>
<th>KCSE MEAN GRADE</th>
<th>YEAR OF GRAD.</th>
<th>MOBILE NO.</th>
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<th>REMARKS IF ANY DISABILITY</th>
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We confirm that the information entered above is correct to the best of our knowledge.

COUNTY SELECTION PANEL SECRETARY
Name __________________________ TSC No. ______________________
Sign. __________________________ Mobile No. ______________________
Date: __________________________

COUNTY SELECTION PANEL CHAIRPERSON
Name __________________________ TSC No. ______________________
Sign. __________________________ Mobile No. ______________________
Date: __________________________
# APPENDIX VI

## LIST OF APPLICANTS WHO DO NOT APPEAR IN THE COUNTY MERIT LIST

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

**COUNTY SELECTION PANEL SECRETARY**

Name ______________________________ TSC No. ___________________________
Sign. ______________________________ Mobile No. ________________________
Date: ________________________________

**COUNTY SELECTION PANEL CHAIRPERSON**

Name ______________________________ TSC No. ___________________________
Sign. ______________________________ Mobile No. ________________________
Date: ________________________________
LIST OF ALL APPLICANTS WITH SPECIAL NEEDS

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

COUNTY SELECTION PANEL SECRETARY
Name ___________________________ TSC No. ___________________________
Sign. ___________________________ Mobile No. ___________________________
Date: ___________________________

COUNTY SELECTION PANEL CHAIRPERSON
Name ___________________________ TSC No. ___________________________
Sign. ___________________________ Mobile No. ___________________________
Date: ___________________________