

KIRINYAGA UNIVERSITY

P.O BOX 143-10300 KERUGOYA TEL 0709742000/0789938241

OFFICE OF THE REGISTRAR (ASA)

Email-academics@kyU.ac.ke

1. STUDENTS PERSONAL DETAILS

You are required to complete all the forms attached and return them together with a colored Passport Size Photograph to the Registrar (Academic and Student Affairs) on the registration day .

2. MEDICAL EXAMINATION

Admission into the University is conditional upon satisfactory medical report being received. Students are therefore required to undergo a medical examination by a recognized medical practitioner before coming to the University.

Form **ADMF8** Student's Medical Examination – is attached for this purpose.

The Doctor who examines the student is kindly requested to complete and enclose in a sealed envelope addressed to the Medical Officer, Kirinyaga University P.O BOX 143-10300 KERUGOYA. The student is required to bring the report along with him/her on the day of registration. This form should not be sent by post.

3. MEDICAL ATTENTION AT THE UNIVERSITY

The University clinic is open to students, but students are advised to be prepared to meet expenses of any medical attention not provided by the University.

4. DENTAL AND OPTICAL TREATMENT

The University does not provide optical and dental treatment. Any student having or suspecting eye and dental trouble should consult opticians/dentists where necessary.

5. SPECIAL MEDICAL CONSENT FORM FOR MINORS

Parents (or Guardians) of students who are under 21 years of age are requested to fill and obtain parents' (or guardians) signature on form **ADMF9** emergency operation/form of consent herewith enclosed. Completed forms should be returned to the Registrar (Academic and Student Affairs) together with the letter of Acceptance.

6. MATERIALS NEEDED BY THE STUDENTS

- i. Academic Stationery
- ii. Books and Equipment (depending on the department) in which one is registered.
- iii. Clothing, pocket money
- iv. Bedding (Bedcover, blankets, sheets and bucket)

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LETTER OF ACCEPTANCE BY THE CANDIDATE

(to be completed in duplicate by THOSE ACCEPTING the offer, please return ONE COPY ONLY)

Dear Sir,

Candidates Name
(Surname)

.....
(Other Names)

Registration No:

SECTION A

With reference to your letter offering me a place in the Department

.....for a course leading to a Degree/ Diploma of

.....This is to confirm that:

I DO ACCEPT the offer, and I PROMISE TO ABIDE by the Rules and Regulations Governing the Organization, Conduct and Discipline of the students of Kirinyaga University as spelt out in the “Regulations Governing the Conduct and Discipline of the Students of the University”.

FULL NAME.....

I.D NO.....DEGREE COURSE ADMITTED

INTO

.....

.....

REGISTRATION

NO.....

SIGNATURE

.....DATE.....

Note: If you are not accepting this offer, please complete and return section B of the form.

SECTION B:

(to be completed by those NOT ACCEPTING the offer)

Dear Sir,

Candidates Name

.....
.....

(Surname)

.....
.....

(Other Names)

Registration Number

.....
.....

With reference to your letter offering me a place in the Department of

.....
.....

For a course leading to the Degree/Diploma

of.....

This is to confirm that I WILL NOT ACCEPT the offer, because of the following reasons:

(Mark X against that which is applicable)

No	Reason	Tick
1	Family Problems	
2	ILL Health	
3	I have been offered an Overseas Scholarship	
4	The University has not given me the course I applied for	
5	I have taken on employment	
6	Any other reasons (State the reasons here)	

Yours

faithfully.....

(Surname)

(Other Names)

Signature.....Date.....

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COURSE ACCEPTANCE DECLARATION

I hereby undertake to complete the course for which I have accepted at the Kirinyaga University unless I am requested to discontinue by the University Authorities.

I understand that change of faculty or department will be permitted only by approval of the SENATE.

I accept the regulations made from time to time for the good order and governance of the University lawfully made by the Vice Chancellor and other duly appointed officers of the University.

Students' Name.....

Signature.....

Date.....

Name (Parent/Guardian).....

Signature.....

Relationship.....

Date.....

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STUDENTS REGULATIONS DECLARATION

IReg.

No.....

Of School of.....Department of.....

Hereby declare that I have read and understood the Regulations Governing the Conduct and Discipline of Students at the University attached.

I further promise TO ABIDE by the, regulations Governing the Conduct and Discipline of the students of Kirinyaga University.

Students' Name.....

Reg. No.....

Signature.....

Date.....

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APPLICATION FOR HOSTEL ACCOMMODATION

This application form should be completed by each student who wishes to be considered for rental accommodation available in College.

PART 1: HOSTEL ACCOMMODATION RATES

Indicate whether you require accommodation in the University College Halls of Residence by ticking on the appropriate box:

Type of Occupancy	Rate per Semester/Term	Your choice (Tick Only Once)
Quadruple (4 months) (Degree)	prescribed rates	<input type="checkbox"/>
Non-Resident	Various Rates	<input type="checkbox"/>

NB:Accommodation is available only on quadruple basis.

PART II TERMS AND CONDITIONS OF OCCUPANCY.

1. No student is forced to occupy the University College rental for accommodation.
2. This application is neither a guarantee for offer of a space applied for nor any other space at all.
3. The processing of this form will be on the following basis:
 - i) First come, First Served.
 - ii) Availability of spaces
4. This application is for planning purposes only and allocation of a room will only be confirmed and key issued **after** the applicant has paid the full rent for the duration of the semester.
5. Once allocated a room, the allottee will not be allowed to transfer except on medical or such other special grounds.
6. The occupant will be held responsible for any loss of fittings or damages in a room allocated to them.
7. No cooking is allowed in the rooms.
8. Any student found sub – letting his/her room will be dismissed from the hostels.
9. The rates given in Part 1 are subject to change from time to time.
10. The University College reserves the right of allocation.

PART III APPLICANT'S DETAILS

Surname.....Other Names

(Full).....

Reg. No./Adm. No.Year of study..... Programme

(Specify).....

Gender: (delete as appropriate) Male or Female.

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ACCOMMODATION DECLARATION

WHEREAS Iholder of National
Identity card Number.....under care of Post Office Box
No.....

In the Republic of Kenya has been admitted to the Kirinyaga University for the Undergraduate/
Diploma/Certificate studies and whereas fully recognize that the said University is under no
obligation but will endeavor to secure accommodation for me in its Halls of residence during my
period of study at the said University College.

Name..... Reg. No./Adm. No.
RM NO: hereby,

SOLEMNLY DECLARE as follows:-

1. That I SHALL NOT demand accommodation at the University Halls of Residence.
2. That in the event that the University is able to secure me accommodation, I shall be free to reject or, without any pre-condition, accept such accommodation as may be secured for me, which freedom shall be exercised in cognizance of the stipulations in (3) and (4) below:
3. That, having rejected accommodation, I shall find my own alternative accommodation at my own expense.
4. That, having accepted University accommodation, I shall be bound to utilize such accommodation as the University may direct: I understand further that my conduct in the utilization of such accommodation shall henceforth be bound by the Rules and Regulations Governing the Conduct of Students of University.
5. That I understand and accept that the University accommodation referred to in this declaration may consist of shared facilities including double – decker beds.
6. That this declaration has been endorsed by my parent/Guardian, who has appended his/her signature here below:

Parent/Guardian:Name.....

Signature.....Date:.....DECLARED

This.....day of

Signature.....Witnessed by:

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REG. NO.....

STUDENT MEDICAL EXAMINATION

IMPORTANT

Students are requested to complete **part 1** of this Form **Part II** should be completed by the medical officer examining the student. The completed form should be brought personally and presented to the Medical Registration officers on the day of registration by the student. **No medical reports should be brought earlier or sent by post.**

PART 1

a). Surname..... Other Names.....
Date of Birth.....Sex.....Nationality.....
Race.....Religion.....
CourseMarital Status.....
Name, Address and Telephone Number of Parent/Guardian/ Next- of -Kin.....
.....

b). Have you ever been admitted into a Hospital?
If so, state reason for admission and date.....

- c) Have you had any of the following illnesses?
- i) Tuberculosis or other chest infections? Yes/No
 - ii) Fits, nervous disease or fainting attacks? Yes/No
 - iii) Heart disease or Rheumatic fever? Yes/No
 - iv) Any disease of digestive system? Yes/No
 - v) Any disease of genital urinary system? Yes/No
 - vi) Allergies to food or drugs? Yes/No
 - vii) Malaria? Yes/No
 - viii) Sexually transmitted diseases? Yes/No
 - ix) Poliomyelitis? Yes/No

If the answer to any of the above is Yes, Please give details with dates.....

If there are any relevant details of your medical history not covered by the above questions, Please give particulars.....

Has any member of your family suffered from:

- i) Tuberculosis? Yes/No
- ii) Insanity or mental illness? Yes/No
- iii) Diabetes Mellitus? Yes/No
- iv) Heart Disease? Yes/No

Have you been immunized against any of the following diseases:

- i) Small pox? Yes/No Date:.....
- ii) Tetanus? Yes/No..... Date:.....

iii) Poliomyelitis? Yes/No Date:.....

PART II
(To be completed by the Examining Medical Officer)

a) Height.....Weight
.....

b) Visual Acuity:
Without Glasses R./6
 L./6.....
With Glasses R./6..... L./6
.....

c) Hearing: Right ear..... Left
Ear.....

d) Condition of:
Teeth:
.....
Nose:.....
.....
Throat:.....
.....

e) Lymphatic
glands.....
Circulatory
system.....
Pulse.....
.....
Blood pressure.....
 Systolic.....Diastolic.....

f) Respiratory
System.....
.....
.....
X – ray Chest
.....

(THE STUDENT TO BE GIVEN THE CHEST X – RAY FILM AND RADIOLOGIST REPORT TO BRING TO THE UNIVERSITY MEDICAL OFFICER DURING REGISTRATION)

- g) Abdomen.....
.....
Spleen.....
.....
Any evidence of
Hernia.....
Any evidence of Haemorrhoids
.....
- h) Urine..... Albumin.....
Sugar.....
- i) Any observable physical defects in addition to general record of observation:
If any, please
specify.....
- j) Is the student on any
treatment?.....
If any, please
specify.....
- k) Blood Khan
Test.....
- l) Any other observation of
importance.....
.....
.....
.....

Date:.....

Medical Officer

Address:

Stamp.....

PART III

(To be completed by the University Medical Officer)

Special Remarks

.....
.....
.....
.....
.....
.....
.....

Is the Student fit for University Education? Yes/No

Date.....

.....
Medical Officer
For KyU.

KyU does not discriminate against people living with HIV/AIDs

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EMERGENCY OPERATIONS

Name of Candidate:.....

University Registration Number:.....

Course accepted for:.....

Approval of your parents (or guardians) is required for the Vice Chancellor of the University to give consent on their behalf for an emergency operation to be carried out on you should a situation calling for such an operation arises. Parents (guardians) are therefore required to complete the consent form below.

FORM OF CONSENT

I agree that the Vice Chancellor of Kirinyaga University may consent to any emergency operation being performed on(insert name)

If it has not proved possible to contact me in time:

Signature:.....

Relationship:

Address:.....

.....

.....

Date:

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STUDENTS' DATA SHEET.

Reg. No.....Date.....

Surname.....Other Names.....

Date of Birth..... County.....

Gender (tick) Male Female.....

ID/ Passport No.....Phone /Mobile No.....

Email

Course Name.....

SchoolDepartment.....

Sponsor (tick) G.O.K.....Self..... Other.....

Next of kin Name.....Relationship.....Telephone.....

Sponsor /Guardian Name..... Relationship.....Telephone.....

EMERGENCY CONTACTS

Name.....

Relationship.....

Address.....

Phone No.....

Name and address of spouse (if Married)

Surname

First Name

Initial

P.O Box

Town

Code

Mobile Number

-

Email Number

12. Name of Parent/Guardian

Surname

First Name

Other

13. Address of Parent

P.O Box

Code

Town

Mobile Number

Email Address

14. Occupation of Parent/Guardian

ID. NO

15. a) Name of Next of Kin

Surname

First Name

Other

ID. No

b) Address of next of Kin

P.O Box

Code

Town

Mobile Number

Email Address

Location of birth:

County: _____

Name of County: _____

County: _____

16. Give names of two persons who can be contacted in case of emergency

