

11. Full Name of Parent/ Guardian

--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--

First Name

Other names / Initials

--	--	--	--	--	--	--	--

12. Address of Parent / Guardian

--	--	--	--	--	--	--	--

P. O. Box (Address)

--	--	--	--	--	--

Code

--	--	--	--	--	--	--	--	--	--

Town

Telephone (Landline)

--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile Phone

--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

13. Occupation of Parent / Guardian _____

I/D No.

--	--	--	--	--	--	--	--	--	--	--	--

14. a) Name of Next of Kin

--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--

First Name

Other names / Initials

--	--	--	--	--	--	--	--	--	--	--	--

I/D No.

--	--	--	--	--	--	--	--	--	--	--	--

b) Address of Next of Kin

--	--	--	--	--	--	--	--

P. O. Box (Address)

--	--	--	--	--	--

Code

--	--	--	--	--	--	--	--	--	--

Town

Telephone (Landline)

--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile Phone Number

--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

15. Place of Birth: Village _____

Location: _____ Name of Chief : _____

Division _____ District/County _____ Province _____

16. Place of Permanent Residence: Village _____ Name of Assistant Chief _____

Nearest Town: _____ Location _____ Name of chief _____

Division _____ District/County _____ Province _____

17. Give names and addresses of two persons who can be contacted in case of emergency

i)

--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--

OtheNames/Initial

--	--	--	--	--	--	--	--

Relationship

--	--	--	--	--	--	--	--

P. O. Box (Address)

--	--	--	--	--	--

Code

--	--	--	--	--	--	--	--	--	--

Town

ii)

--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--

Other Names/ Initial

--	--	--	--	--	--	--	--

Relationship

--	--	--	--	--	--	--	--

P. O. Box (Address)

--	--	--	--	--	--

Code

--	--	--	--	--	--	--	--	--	--

Town

Telephone (Landline)

--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile Phone Number

--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



18. Name and address of Secondary School Attended

i) Name

ii) Address
P.O. Box Town

Dates FROM TO

19

. KCE/KCSE or equivalent Results (Subjects and Grades)

Mean Score/ Division (where applicable)

19. Name and address of Secondary School Attended for KACE (where applicable)

i) Name

ii) Address
P.O. Box Town

Dates FROM TO

20. KACE Results (where applicable)

Mean Score/ Results (where applicable)

21. Any other Institutions Attended and Qualifications Attained

a) Name of Institution (You may use abbreviations)

b) Qualifications 1. Diploma 2. Certificate 3. Specify field _____

22. Games/ Sports: Which games and sports do you participate in?

- a) Soccer b) Hockey c) Basketball d) Netball
- e) Tennis f) Badminton g) Rugby h) Volleyball
- i) Athletics j) Swimming k) Table Tennis l) Darts
- m) Karate n) Martial Arts o) Others

If you represented your school in games please give details

23. Clubs and Societies: which clubs and societies are you interested in?

Please give details of your participation

- a) First Choice

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- b) Second Choice

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- c) Third Choice

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

24. Do you suffer from any physical impairment? If so give details

- 1. YES
- 2. NO

I certify that the information I have provided is correct.

Signature _____ Date: _____



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**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY**

P.O. BOX 62000-00200, CITY SQUARE, NAIROBI, KENYA. TELEPHONE: (067) 5352711/5352181-4. FAX: 52164, THIKA
Office of the Registrar (Academic Affairs)
E-Mail: registrar@aa.jkuat.ac.ke

LETTER OF ACCEPTANCE BY THE CANDIDATE

(To be completed and submitted by THOSE ACCEPTING the offer ON A4 PAPER.

Candidates Name:
(Surname)
.....
(Other Names)

Registration Number:

SECTION A

With reference to your letter offering me a place in the Faculty/School/Institute of
..... 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 Jomo Kenyatta University of Agriculture and Technology as
spelt out in the “Regulations Governing Conduct and Discipline of the Students of the University”, prepared in
accordance with the JKUAT Charter, 2013.

Please signify your acceptance by signing your name

FULL NAME:

I.D. NO.:...../DEGREE COURSE ADMITTED TO
.....

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)

Candidates Name:
(Surname)

.....
(Other Names)

Registration Number:
(Where Applicable)

With reference to your letter offering me a place in the Faculty/School/Institute of
..... for a course leading to a Degree/Diploma of
..... This is to confirm that:

I WILL NOT ACCEPT the offer, because of the following reasons:

(Mark X against the 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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=====

REG. NO.....

STUDENTS MEDICAL ENTRANCE EXAMINATION
(TO BE PRINTED ON A4 PAPER)

Students are requested to complete **Part I** of this Form **Part II** should be completed by the Medical Officer examining the Student. **Part II** of the form can be completed at JKUAT Hospital. The completed Form should be brought personally and presented to the Medical Registration Officers at JKUAT Hospital before/during/ up to one month after registration by the Student. **No medical reports should be sent by post.**

PART I

- a). Surname Other Names.....
Date and Place of Birth..... Gender Male [] Female []
Nationality.....Religion.....
Faculty/School/Institute.....Marital Status.....
Name, Address and Telephone No. 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? (Tick appropriately)
- | | | | |
|--------|--|---------|--------|
| i). | Tuberculosis or other chest infection? | Yes [] | No [] |
| ii). | Fits, nervous disease or fainting attacks? | Yes [] | No [] |
| iii). | Heart disease or rheumatic fever? | Yes [] | No [] |
| iv). | Any disease of the digestive system? | Yes [] | No [] |
| v). | Any disease of Genito 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 against each of above illness.
- d). If there are any relevant details of your medical history not covered by the above questions, please give particular
.....
- e). Has any of your family members suffered from:
- | | | | | | | | |
|-------|-------------------|---------|--------|------|----------------------------|---------|--------|
| i). | Tuberculosis | Yes [] | No [] | ii). | Insanity or Mental Illness | Yes [] | No [] |
| iii). | Diabetes Mellitus | Yes [] | No [] | iv). | Heart Disease | Yes [] | No [] |
- f). Have you been immunized against any of the following?
- | | | | | |
|-------|---------------|---------|--------|------------|
| 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 EarLeft 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 X-RAY FILM TO BRING TO THE UNIVERSITY CHIEF MEDICAL OFFICER DURING THE 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
 - 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 Chief Medical Officer)

Special Remarks:

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

Is the Student fit for University Education? Yes [] No []

Date :

.....
Chief Medical Officer
For JKUAT



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COURSE ACCEPTANCE DECLARATION

I hereby undertake to complete the course for which I have been accepted at the Jomo Kenyatta University of Agriculture and Technology unless I am discontinued by the University Authorities.

I understand that change of Faculty/Institution or Department will be permitted only by approval of the University 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 of (Parent/Guardian):

Signature:

Relationship:

Date:



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EMERGENCY OPERATIONS

Name of Student:
University Registration Number:
Course Accepted for:
Approval of your parent or (guardian) 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 the Jomo Kenyatta University of Agriculture and Technology may consent to any emergency operation being performed on:.....
(Insert Name of Student) if it has not proved possible to contact me in time.

Name (Parent/Guardian):.....
Signature:..... Relationship:
Telephone No(s):
E-Mail:..... Date:



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INSTRUCTIONS AND PROTECTIVE CLOTHING FOR STUDENTS

I hereby undertake to purchase all the instruments and protective clothing, scientific calculators, as required by the faculty/school/college/ Institute for which I have been admitted into.

Name:.....

Registration Number.....

Department:

Signature: **Date:**



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INSTRUMENTS AND PROTECTIVE CLOTHING FOR STUDENTS IN THE FOLLOWING DEPARTMENTS

You are required to bring with you the items listed below. Departments will not register you unless you fulfil this requirement

1.0 All Engineering (Including Biomechanical and Environmental Engineering) and SABS Students

- i) A set of Draughtsman Drawing Instruments
- ii) T-Square
- iii) Set squares 0, 45, 90 (degrees)
- iv) 2H, HB, and 31 Pencils and good quality eraser
- v) Blue Overall
- vi) Gum Boots (Biomechanical Engineering Students only)
- vii) Scale rules of Architectural Studies

2.0 Food Science and Postharvest Technology Students

- i). White overall
- ii). Gum Boots
- iii). White Head Coat

3.0 Horticulture Students

- i). Green Laboratory Coat
- ii). Gum Boots

4.0 Faculty of Science Students

- i). One White Laboratory Coat
- ii). Gum Boots (for students in Biological Sciences)
- iii). Dissecting Kit (for students in Biological Sciences)

5.0 Bachelor of Medicine and Bachelor of Surgery

- i) Lab Coat (White)
- ii) Name Tag (Plastic red)
- iii) Gloves (100 pcs)
- iv). Dissecting Kit



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JOINING INSTRUCTIONS TO STUDENTS

1. STUDENTS PERSONAL DETAILS

You are required to complete two (2) copies of Form F-2-59-8-7 Students Personal Details and return the forms together with two (2) Coloured Passport Size Photographs to the Registrar (Academic Affairs) along with the other letters of acceptance.

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 F-2-59-8-8 Students Medical Examination - is attached for this purpose.

The Doctor who examines the student is kindly requested to complete and enclose the Form in a sealed envelope addressed to the Chief Medical Officer, Jomo Kenyatta University of Agriculture and Technology, P.O. Box 62000 -00200, NAIROBI, KENYA. The student is required to bring the report along with him/her on the day of registration.

THE REPORT SHOULD NOT BE SENT BY POST.

3. MEDICAL ATTENTION AT THE UNIVERSITY

The University Hospital 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 treatment but provides dental treatment on full cost payment basis. Any student having or suspecting eye trouble should consult opticians where necessary, and buy spectacles before coming to the University.

5. SPECIAL MEDICAL CONSENT FOR MINORS

Guardians or parents of students who are under **21 years of age** are requested to fill and obtain parents' (or guardians) signature on Form **F-2-59-8-9** – Emergency Operation /form of consent herewith enclosed. Completed forms should be returned to the Registrar (Academic Affairs) together with the Letter of Acceptance.

6. MATERIALS NEEDED BY THE STUDENT

- i). Academic Stationery
- ii). Books and Equipment (depending on the Faculty/School/Institute/College) in which one is admitted and registered.
- iii). Clothing and Pocket Money
- iv). Bedding (Bedcover, Blankets, Sheets and Bucket)





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STUDENTS' DATA SHEET

- 1. Registration Number:
- 2. Surname: 3. Other Names:
- 4. Date of Birth:
- 5. Gender (Tick Appropriately) Male [] Female []
- 6. District Birth Certificate No. (for minors)
- 7. District/ County:
- 8. Phone/Mobile 9. ID/Passport/ No.:
- 9. E-Mail:
- 10. Course: 11. Department:
- 12. Faculty/School/Institute:.....
- 13. College:Centre/Campus:.....
- 14. Year of Study: 15. Sponsor (Tick) GOK [] Self [] Others (specify).....

EMERGENCY CONTACTS

- 16. Name:Phone No:.....
- 17. Address:.....
- 18. Relationship:..... 19. Email





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STUDENTS REGULATIONS DECLARATION

IReg. No.....

of Faculty/School/Institute ofDepartment of

hereby declare that I have read and understood the Regulations Governing the Conduct and Discipline of Students at the University as spelt out in Document B.

I further PROMISE TO ABIDE by the Regulations Governing the Conduct and Discipline of the Students of Jomo Kenyatta University of Agriculture and Technology as spelt out in Document B and prepared in accordance with JKUAT Charter 2013.

Students' Name:

Signature:

Date:





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APPLICATION FOR HOSTEL ACCOMODATION

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

PART 1: HOSTEL ACCOMODATION RATES

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

Type of Occupancy	Rate per Semester	Your Choice (Tick Only Once)
Quadruple	Kshs. 6,500.00	[]
Non-Resident	Various Rates	[]

NB: Accommodation is available only on quadruple basis

PART II: TERMS AND CONDITIONS OF OCCUPANCY

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

PART III: APPLICANT’S DETAILS

Surname:.....Other Names (Full).....

Reg. No: Year of Study..... Programme(Specify).....

Gender: (Tick appropriately) Male [] Female []





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ACCOMODATION DECLARATION

WHEREAS Iholder of National Identity Card Number / Birth Certificate Number (for the minors).....under the Post Office Box No..... In the Republic of Kenya has been admitted to Jomo Kenyatta University of Agriculture and Technology for the undergraduate studies and whereas fully recognize that the said University is under no obligation but will endeavour to secure accommodation for me in its Halls of Residence during my period of study at the said University.

Name:.....Reg. 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 stipulation in (3) and (4) below:
3. That having rejected accommodation, I shall find my own accommodation at my 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 Jomo Kenyatta University of Agriculture and Technology.
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 hir/her signature here below:

Parent/Guardian: Name:

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

DECLARED Thisday of

Witnessed by: Signature:



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