

AFFIX COLOURED
PASSPORT SIZE
PHOTO HERE

**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY**

STUDENTS PERSONAL DETAILS (TO BE PRINTED ON A4 PAPER)

Information in this form is intended to help the office of the Registrar (AA) understand the student better. It will be used for purposes of improving the students' welfare while at the University.

(To be completed in TWO copies and in capital letters.) Both copies to be returned.

1. Full Name (Mr./ Mrs./ Miss)																				
	Surname								First Name						Other					

2. National Registration Number (ID)

3. University Registration Number

Year of Study 1. First ☐ 2. Second ☐ 3. Third ☐ 4. Fourth ☐ 5. Fifth ☐ 6. Sixth ☐

4. Date of Birth Date

 Month

 Year

5. Religion 1. Protestant ☐ 2. Catholic ☐ 3. Muslim ☐ 4. Other _____

Do you require a Government Loan? Yes ☐ No ☐

6. Physically challenged Yes ☐ No ☐

7. Nationality 1. Kenyan ☐ 2. Non Kenyan ☐

If non Kenyan, Country of Origin

8. Mobile Number EMAIL:

9. Home Contact Address (where you can be contacted during vacations)

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P. O. Box

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Town

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Code

C/O								
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10. a) Marital Status 1. Single ☐ 2. Married ☐

b) Name and Address of Spouse (If married)

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Surname

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First Name

Other names/ Initials	P. O. Box	Code	Town	Post Office

Telephone (Landline)
 Mobile Phone Number
 Email Address

11. Full Name of Parent/ Guardian

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Surname

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First Name

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Other names / Initials

12. Address of Parent / Guardian

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P. O. Box (Address)

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Code

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Town

Telephone (Landline)

Mobile Phone

Email Address

13. Occupation of Parent / Guardian

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I/D No.

14. a) Name of Next of Kin

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Surname

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First Name

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Other names / Initials

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I/D No.

b) Address of Next of Kin

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P. O. Box (Address)

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Code

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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 Other Names/Initial

Relationship P. O. Box (Address) Code Town

ii) Surname First Name Other Names/ Initial

Relationship P. O. Box (Address) Code Town

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Telephone (Landline)

Mobile Phone Number

Email Address

18. Name and address of Secondary School Attended

i)

Name																			
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ii)

Address																			
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P.O. Box Town

Dates FROM

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 TO

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KCE/KCSE or equivalent Results (Subjects and Grades)

Mean Score/ Division (where applicable)

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

i)

Name																			
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ii)

Address																			
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P.O. Box Town

Dates FROM

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 TO

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21. KACE Results (where applicable)

Mean Score/ Results (where applicable)

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22. Any other Institutions Attended and Qualifications Attained

a) Name of Institution (You may use abbreviations)

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b) Qualifications

1.

Diploma

2.

Certificate

3.

Specify field _____

23. 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

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

Please give details of your participation

a) First Choice

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b) Second Choice

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c) Third Choice

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25. 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: _____

AGRICULTURE AND TECHNOLOGY

LETTER OF ACCEPTANCE BY THE CANDIDATE

SECTION A

..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.:.....

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 College/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: **(Tick against 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:**



JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY

P.O. BOX 62000-00200, CITY SQUARE, NAIROBI, KENYA. TELEPHONE: (067) 5870001-4

=====

REGISTRATION 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 **III** of the form shall be completed at the JKUAT Hospital. The completed Form should be brought personally and presented to the **Medical Registration Officers at JKUAT Hospital before/during/ or within one month after the reporting date. No medical reports should be sent by post.**

PART I

- a). Surname Other Names.....
 Date of Birth..... Place of Birth..... Gender Male [] Female []
 Nationality.....Religion..... Marital Status.....
 College.....School/Institute.....
 Name of Parent/Guardian:Address:
 Telephone No:.....
- b). Have you ever been admitted into a Hospital **Yes [] No []** If Yes, state reasons 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 **YES** to any of the above, 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/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:.....

g) Hepatitis B Vaccinations:.....

**(THE STUDENT TO BE GIVEN THE X-RAY FILM AND HEPATITIS VACCINATION
CERTIFICATE TO PRESENT TO THE UNIVERSITY CHIEF MEDICAL OFFICER BEFORE
/DURING THE REGISTRATION, OR WITHIN ONE MONTH AFTER THE REPORTING DATE)**

h). Abdomen.....Spleen

Any evidence of Hernia

Any evidence of Haemorrhoids.....



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

Medical Officer:**Date:**...

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

Insert Name and Address of Parent/Guardian who should be contacted in case of emergency.

NAME. 1: Relationship:

Telephone No(s):

E-Mail: Date:

NAME. 2: Relationship:

Telephone No(s):

E-Mail: Date:

NB: MEDICAL VERIFICATION CAN BE DONE AT THE UNIVERSITY HOSPITAL BEFORE/DURING REGISTRATION DATE OR WITHIN ONE MONTH FROM THE REPORTING DATE.





**JOMO KENYATTA UNIVERSITY
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AGRICULTURE AND TECHNOLOGY**

P.O. BOX 62000-00200, CITY SQUARE, NAIROBI, KENYA. TELEPHONE: (067) 870001 – 4
Office of the Registrar (Academic Affairs)
E-Mail: registrar@aa.jkuat.ac.ke

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 College/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:

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:..... (Student Name)
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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Mail: registrar@aa.jkuat.ac.ke

INSTRUCTIONS AND PROTECTIVE CLOTHING FOR STUDENTS

I hereby undertake to purchase all the instruments and protective clothing, scientific calculators, as required by the College/School/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 requirements.

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 3B 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 **BEFORE/DURING** the day of registration OR **ONE MONTH WITHIN REPORTING DATE**.

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. Registration with **NHIF** is therefore a requirement by all students.

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 College/School/Institute) in which one is admitted and registered.
- iii). Adequate Clothing and Pocket Money
- iv). Bedding (Bedcover, Blankets, Sheets and Bucket)





F-2-59-8-11

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registrar@aa.jkuat.ac.ke

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. 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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JKUAT FEE PAYMENT POLICY

The University has fee payment policy whose aims are threefold:

1. **To guide students, sponsors and stakeholders on a convenient fee payment plan;**
2. **To ensure prompt and effective fee collection for quality service delivery; and**
3. **To facilitate effective planning and utilization of University resources**

The policy recognizes that fees payment to the University by students and stakeholders is critical to effective and efficient service delivery. It facilitates prompt fee collection and ensures effective planning and development of the University. By giving clear guidelines to students, sponsors and stakeholders on a convenient fee payment mode, and striving to accommodate diverse needs of the students and the aspirations of the University and stakeholders, this policy guarantees value for money and quality service delivery to customers, as well as equity and equality in provision and access to University education.

FEES PAYMENT MODE: Fees is payable either per academic year(s) semester or trimester.

Full payment for an Academic Year(s)

Fees may be paid in full upfront for one academic year or more. All students who pay full fees for one academic year or more upfront shall be eligible to a 2.5% discount per academic year on tuition charges only.

Semester Payment

Fees shall be paid per semester. All fees shall be payable in full before the start of the semester. Payment per semester will not attract a discount. Payment by Instalments

In the event of inability to pay in full before the start of the semester, the student shall be allowed to pay by instalments. Under this mode, payment shall be in two instalments as follows:

- (a) **First instalment** shall be paid within the first three (3) weeks after the start of the semester. This will include 50% of the tuition fees plus 100% of other applicable charges*. Those accommodated by the university shall pay 100% of the boarding charges up-front. A student who will not have paid the said fees by the end of the 4th week of the semester shall be required to take academic leave. Such a student will have to pay full tuition fees and other applicable charges for the semester afresh upon readmission.
- (b) **Second instalment** of 50% tuition fees must be paid in full by the eighth (8th) week of the semester. Failure to clear full fees by the eighth week, a student shall be required to take academic leave. Such a student will have to pay full tuition fees and other applicable charges for the semester afresh upon readmission.





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Eligibility to sit for University examinations

The Registrar Academic Affairs office in consultation with the student finance office shall compile a list of bonafide students (students who are registered and have fully paid requisite fees for the semester) **by the eighth (8th) week of the semester**. Only bonafide students shall be eligible to sit for University examinations. The list of bonafide students shall be published by the Finance Officer and made available to the Deans/Directors/Chairmen of Departments, and these lists shall constitute the examination attendance lists, and shall be used for issuance of examination cards.

** The other applicable charges include: examination fee, medical subscription, activity fee, registration fee, student's identification card fee, field/academic trips fee, attachment fee, library fee, students' union fee, and accommodation fee.*

For more details of the revised fee payment policy please visit the University website at www.jkuat.ac.ke