



Zetech University Main Campus Off Thika Road, Ruiru  
P.O.Box 2768-00200, Nairobi  
Mobile: 0716 600 116  
E-mail: info@zetech.ac.ke  
Website: www.zetech.ac.ke

**ADMISSIONS**

LETTER OF ACCEPTANCE OF OFFER BY THE CANDIDATE

**Reference** F-7-4

**Issue/Rev.** 1/1

(To be completed by those ACCEPTING the offer)

Dear Sir,

With reference to your letter of offering me a place in the School of \_\_\_\_\_

\_\_\_\_\_

For a course leading to degree of \_\_\_\_\_

\_\_\_\_\_

This is to confirm that I DO ACCEPT the offer, and I DO PROMISE TO ABIDE by the Rules and Regulations governing the organization, conduct and discipline of Zetech University as spelt out in the "Regulations Governing the Conduct and Discipline of the Students of the University" , prepared in accordance with the Zetech University Act.

FULL NAME \_\_\_\_\_

\_\_\_\_\_

ID/NO. \_\_\_\_\_

PO.BOX \_\_\_\_\_ TEL.NO. \_\_\_\_\_

SCHOOL/DEGREE COURSE ADMITTED \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: If you are not accepting this offer, please complete and return FORM

**LETTER OF NON ACCEPTANCE OF OFFER BY THE CANDIDATE**

**(To be completed by those NOT ACCEPTING the offer)**

Dear Sir,

Candidate's Name \_\_\_\_\_

Admission Ref. No: \_\_\_\_\_

With reference to your letter of offering me a place in the School of \_\_\_\_\_

For a programme leading to \_\_\_\_\_

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

(Mark X against that which is applicable .)

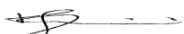

1	Family problems	
2	Ill health	
3	I have been offered an Overseas Scholarship	
4	The University has not offered me the course I applied for	
5	I have taken on employment	
6	Any other reasons (state the reasons here)	

Yours faithfully, \_\_\_\_\_

(Surname)

(Other Names)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activity	Responsibility	Signature	Date
Prepared by:	Management Representative		22/06/2015
Approved by:	Vice Chancellor		22/06/2015



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**ADMISSIONS**

**STUDENTS ENTRANCE MEDICAL EXAMINATION**

**Reference F-7-5**

**Issue/Rev. 1/0**

University Admission No. \_\_\_\_\_

**IMPORTANT:** Students should bring this form duly signed during the registration.

**NOTE:** A chest X-ray may be required if the doctor examines a student feels that it is necessary. The film should be given to the student to bring to the University Medical Officer during the registration period.

**PART I:**

(a) SURNAME \_\_\_\_\_ OTHER NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

NATIONALITY \_\_\_\_\_ RACE/TRIBE \_\_\_\_\_

RELIGION \_\_\_\_\_ SINGLE /MARRIED \_\_\_\_\_

SCHOOL \_\_\_\_\_

**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 illness?

Tuberculosis or other chest infection Yes/No \_\_\_\_\_

Fits, Nervous disease or fainting Attacks Yes/No \_\_\_\_\_

Heart disease or rheumatic fever Yes/No \_\_\_\_\_

Any disease of genitor-urinary system Yes/No \_\_\_\_\_

Allergies to food or drug Yes/No \_\_\_\_\_

Malaria Yes/No \_\_\_\_\_

Sexually Transmitted disease Yes/No \_\_\_\_\_

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

\_\_\_\_\_

(d) If there are any other relevant details of you medical history not covered by the above, please give particulars.

\_\_\_\_\_

(e) Has any member of your family suffered from

(i) Tuberculosis? Yes/No

(ii) Insanity or mental illness Yes/No

(iii) Diabetes Mellitus Yes/No

(f) 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: \_\_\_\_\_

Student's Signature \_\_\_\_\_

## PART II (To be completed by the examining Medical Officer)

Height \_\_\_\_\_ Weight \_\_\_\_\_

(a) VISUAL ACUTTY

	Without Glasses	R.6/	L.6/
(b)	With Glasses	R.6/	L.6/

(c) Hearing Right Ear Left Ear

(d) Condition of : Teeth \_\_\_\_\_

(e) Nose \_\_\_\_\_

Throat \_\_\_\_\_

(f) Lymphatic Glands \_\_\_\_\_

(g) Circulatory System \_\_\_\_\_

(h) Blood Pressure \_\_\_\_\_

(i) Pulse \_\_\_\_\_  
Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

(j) Respiratory System \_\_\_\_\_

\_\_\_\_\_ X-ray Chest if necessary \_\_\_\_\_

**THE STUDENT TO BE GIVEN THE CHEST X-RAY FILM TO BRING TO THE UNIVERSITY  
MEDICAL OFFICER DURING REGISTRATION**

(k) Abdomen \_\_\_\_\_

Spleen \_\_\_\_\_

Any Evidence of Hernia \_\_\_\_\_

(l) Urine \_\_\_\_\_ Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

(m) Any observation defects in addition to general record of observation. \_\_\_\_\_

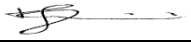

(n) Blood Khan Test \_\_\_\_\_

(o) Any other Observation of importance \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Rubber Stamp \_\_\_\_\_

Activity	Responsibility	Signature	Date
Prepared by:	Management Representative		22/06/2015
Approved by:	Vice Chancellor		22/06/2015



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**STUDENT PERSONAL DETAILS**

**Reference** F-7-6

**Issue/Rev.** 1/0

(To be completed in duplicate)



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

1. Full Name \_\_\_\_\_  
(SURNAME) (OTHER NAME)
2. University Admission Number \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Sex: Male/ Female \_\_\_\_\_
5. Religion \_\_\_\_\_ National Identity No. ID \_\_\_\_\_
6. NHIF Card No \_\_\_\_\_ Postal Contact Address \_\_\_\_\_
7. Nationality \_\_\_\_\_ Passport No. \_\_\_\_\_ Country \_\_\_\_\_
8. Family Home Address \_\_\_\_\_
9. Sub-location \_\_\_\_\_ Name of Sub Chief \_\_\_\_\_

Location \_\_\_\_\_ Name of Chief \_\_\_\_\_  
\_\_\_\_\_  
Division \_\_\_\_\_  
County \_\_\_\_\_

**10. Marital Status**

(a) Single /Married \_\_\_\_\_  
(b) Name and Address of Spouse (if married) \_\_\_\_\_

**11. Full name and Address of the Mother \_\_\_\_\_**

Alive/ Deceased \_\_\_\_\_

Occupation of Mother \_\_\_\_\_ Tel. \_\_\_\_\_ E-Mail \_\_\_\_\_

Full name and Address of the Father \_\_\_\_\_ Alive/Deceased \_\_\_\_\_

Occupation of Father \_\_\_\_\_ Tel \_\_\_\_\_ E-Mail \_\_\_\_\_

**12. Name and Address of Guardian (if both parents are incapacitated)**

Occupation of Guardian \_\_\_\_\_

Tel: \_\_\_\_\_ E-Mail \_\_\_\_\_

**13. Name(s) of brother (s), sister(s) and dates of birth**

<u>Name</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____

**14. Give names and addresses of the three persons who can be contacted in case of emergency:-**

Name	Relationship	Address, including telephone if available
(i) _____	_____	_____
Tel _____	E-Mail _____	
(ii) _____	_____	_____
Tel _____	E-Mail _____	

(iii) \_\_\_\_\_

Tel \_\_\_\_\_ E-Mail \_\_\_\_\_

**15. Name and addresses of Secondary School(s) attended and dates**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**K.C.S.E or Equivalent Results**

<u>Subject</u>	<u>Grade</u>	<u>Subjects</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**16. Any other institution /qualification:**

**Qualification and Date**

**Institution/Schools and Address**

_____	_____
_____	_____
_____	_____

**17. Games /Sports: Which games or sports are you interested in?**

Soccer \_\_\_\_\_ Hockey \_\_\_\_\_ Basketball \_\_\_\_\_ Netball \_\_\_\_\_

Lawn Tennis \_\_\_\_\_ Athletics \_\_\_\_\_ Swimming \_\_\_\_\_ Dart \_\_\_\_\_

Volleyball \_\_\_\_\_ Badminton \_\_\_\_\_ Rugby \_\_\_\_\_

Table Tennis \_\_\_\_\_ Squash \_\_\_\_\_ Martial Arts \_\_\_\_\_



If others specify \_\_\_\_\_

\_\_\_\_\_

Did you represent your school in games/sports? If you did, in what capacity?

\_\_\_\_\_

\_\_\_\_\_

**18. Clubs, Societies and Hobbies: Which clubs, societies or hobbies are you interested in?  
Please give detail or your participation.**

\_\_\_\_\_

\_\_\_\_\_

Please give any information you think is useful for you to communicate to this university in order to improve your welfare as a student.

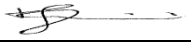

Give any other information that might assist the university to know you better.

\_\_\_\_\_

\_\_\_\_\_

**19. I certify that the information I have provided is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Prepared by:	Management Representative		22/06/2015
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**DECLARATION**

**Reference**

**F-7-7**

**Issue/Rev.**

**1/0**

**I hereby undertake to complete the course**

**For which I have been accepted at Zetech**

**University unless I am requested to discontinue**

**By the University Authorities**

**I understand that change of School or Department**

**Will be permitted only by authority of 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**

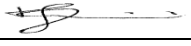

**And other duly appointed officers of the university**

**Name of Candidate:** \_\_\_\_\_

**Admission Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Activity</b>	<b>Responsibility</b>	<b>Signature</b>	<b>Date</b>
Prepared by:	Management Representative		22/06/2015
Approved by:	Vice Chancellor		22/06/2015