

 ZBTI ZETECH BUSINESS & TECHNICAL INSTITUTE	ZETECH BUSINESS & TECHNICAL INSTITUTE	EXAMINATIONS OFFICE	
TITLE	ICM EXAMINATION BOOKING FORM	Reference	F-25-02
		Issue /Rev	1/2

(To be filled in clearly by the student booking and intending to sit for ICM Examinations)

FULL NAME (As it SHOULD appear on the final ICM certificate and transcript):

	Exam Series.
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Zetech Adm. No.

ICM Student No.

Course Title:

Are you having any disability? (Yes/No). If yes, indicate the nature or type of disability.

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Student Sign: _____ **Date** _____ **Phone No.** _____ **Guardian Phone No.** _____

S/N	Paper Title	Unit Lecturer's Name	Lecturer's Remarks	Lecturer's Signature
1				
2				
3				
4				
5				
6				
Total Amount paid (in Kshs.)				

HoD Name: _____ **Sign** _____ **Date & Stamp** _____

Exam Officer Name: _____ **Sign** _____ **Date & Stamp** _____

Accountant Name: _____ **Sign** _____ **Date & Stamp** _____

Departmental Coordinator/Administrator Name: _____ **Sign** _____ **Date & Stamp** _____

Attach the following:

- Copy of KNEC Result slip/Certificate (**New students only**)
- Copy of ZBTI Internal Exams Result Slip (s) – For all booking ICM exams at every exam series.
- Copy of ICM Result slips (s) for the units being retaken to enable accuracy in registration
- Copy of National and ICM Membership IDs
- Soft Copy official Passport size photo in jpeg format (Both **NEW** students and those applying for membership **RENEWAL**), sent to exams@zetech.ac.ke, with name clearly captured in the email subject line, and exam series.



AUTHORIZED ON 02/08/2024

EX- F-25-02