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**Fix Colored**

**Passport**

**THE KITALE NATIONAL POLYTECHNIC**

**P.O BOX 2162 -30200**

**KITALE Tel No: 0202380086**

**ADMISSION FORM:**

This form must be completed properly and handed in by all students admitted in the Institute for record purposes:

1. Student details:

Name: ………………………………………………. Admission No: …………………………Year: ……………………………… Intake: ………………………………… Date of birth: …………………………………Gender: ……………… National ID No: …………………… Marital status: …………….KCSE Index Number: ................................ Year: ..................

KCPE Index Number: ............................................. Year........................................................

Student type *(e.g., KUCCPS, Direct Applicant) …*………………. Other organizations: ……………………………….

Program Name: …………………………………………………………………………………………….…………………………………

*(e.g., Medical Engineering level 6)*

Religion: ................................Telephone: ………………………………...Email Address: …………………………….

Place of birth: …………………………………………Citizenship: .................................County: ………………………

Sub-county: ……………………..………. Location: …………………………………Sub-Location: ………..…………………...

Village ……………………... Name of your Chief: …………………………….…………………...…………...………………….

Disability/Medical Condition: …………………………….………………*(If any, fill the disability form)*

1. Parent’s/Guardian’s details:

Emergency Contact Name: ……………………………………………………Telephone No………………………………………

Relationship: ……………………………………….…………… Email Address: ……………………………………………………….

Is father alive? *Yes/No* ………………………………….…… Contact address: ……………….…………………………………

Phone contact *(if any)* ……………………………….……………What is his occupation: ……………………..……………...

Mother’s Name: ……………………………………………………………………….……………………………………………………...

Is she alive? *(Yes/No)*……… Her contact address: …………………….………………………………….…………………...

Phone No*. (if an*y) …………………………………….….………What is her occupation? ………………….…………………..

Student Signature: ………………………..…………... Date: …....…………………….....................................

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**THE KITALE NATIONAL POLYTECHNIC**

**P.O BOX 2162 -30200**

**KITALE.**

**DECLARATION FORM**:

I………………………….………………….………. ADM.NO: ............................................................ Course/Class…………………………………………………………... do declare that I will abide by and comply to the Polytechnic rules and regulations and all other institutional policies.

Student’s Sign …………………….……………. ID No …………………………………. Date………………………….…………...

&

**Witnessed by the parent/Guardian/Sponsor**

I ……………………………………………………ID. No……………………Being the parent (guardian) sponsor of …………………………………………………………………........... Adm. No……………………………………..……………………. Course………………………………………………………………………………………………………………………….……………......

Have witnessed the declaration of the stated student and that I will endeavor to pay all termly fees in full as per prevailing fee structure and that the student will comply with all requirements laid down by the Polytechnic and which may be issued by the Polytechnic Administration from time to time.

Signature of parent………………………………………………Date…………………………………...................................

Address of parent………………………………………..…………….. Tel. No………………………………………………………..

County……………………………………………………….…Sub-county…………………………..……………………………………

Location…………………………………………………..……Sub location…………… ………………………………………………..

Chief’s Name…………………………………...Assistant Chief’s Name………………………………………………………………

Registrar’sComments/remarks ……………………………………………………..…………………………………………………...

…..……………………………………………………………….…………………………………………………..………………………………………………………………………………………………………………………………………………………………………………..…

Sign……………………………………….…………………………. Date…………………………….………………………………

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**THE KITALE NATIONAL POLYTECHNIC**

**P.O BOX 2162 -30200**

**KITALE**

**MEDICAL REPORT:**

NAME……………………………………………………………… INDEX No…………………………………………………

Course to be undertaken……………………………………………………………………..……………………………..

1. Eyes and Vision

Unaided left-

Unaided right-

Color blindness-

Visual field-

2. Ear, Nose & Throat

Is nasal breathing habitual

Adenoids-p-

Hearing voice-right &Left

3. Spinal column………………………………………………………………………………………………………………….

4. Mouth & Teeth …………………………………………….……………………………………………………………….

5. Chest, Heart………………………………………………………………..………………………………………………….

With special reference to any tubercular tendencies

6. Urine…………………………..…………………………………………………..………………………………………………

Feces…………………………………………………………………………………………….…………………………………………

7.Spleen, liver, Biles and varicose veins…………………………..……….……………………………………………

8. Any other weakness, defect or disease e.g. defects of speech, incaltwithing or spasm, chora or other nervous disorder, venereal diseases, or rheumatic teniency.

9. General observation ………………………………………………………………..……………………………………………

If care is desirable in any special area give particulars (e.g. ulcers, asthma).

The polytechnic will charge an annual medical fee of Kshs. 600/=

10. Any Physical challenges…………………………………………………………………………………………………………..

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

**Note: This form must be filled by a government county referral Medica**