



FRIENDS COLLEGE KAIMOSI
(KAIMOSI COLLEGE OF RESEARCH AND TECHNOLOGY)
P O BOX 150 - 50309
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PASSPORT
PHOTO

REGISTRATION/DATA CAPTURE FORM

SECTION A: PERSONAL DETAILS

NAME: *(As it appears on KCSE Certificate)* _____ **Sex:** _____

ID No: _____ **Year of Birth:** _____ **Birth Certificate No:** _____

Date of Admission: _____ **Adm No:** _____

Course: _____

Do you have any Special Needs and/or predetermined condition? Yes ☐ No ☐ If Yes, specify

Contact Address: _____

Mobile No: _____ **Email:** _____

County: _____ **Sub-County:** _____

Location: _____ **Sub-Location:** _____

SECTION B: EDUCATION DETAILS

KCPE Index No.: _____ **Year:** _____

KCSE Index No: _____ **Year:** _____ **Mean Grade:** _____

Last TVET program attended (if any): _____

SECTION C: NEXT OF KIN DETAILS

Father's Name: _____ **ID No:** _____

Is he alive? Yes ☐ No ☐

Address: _____

Mobile No: _____ **Occupation:** _____

Mother's Name: _____ ID No: _____

Is she alive? Yes ☐ No ☐

Address: _____

Mobile No: _____ Occupation: _____

(If a/both parent(s) is/are not alive, provide copies of death certificate(s))

Guardian's Name: _____ Occupation: _____

Mobile No: _____ Address: _____

Sponsor's Name: _____

Tel No: _____ Email: _____

PERSON RESPONSIBLE FOR FEE PAYMENT

NAME: _____ Mobile No. _____

SECTION D: PLACEMENT AND SPONSORSHIP

Placed by: KUCCPS ☐ NYS ☐ SELF/WALK IN ☐

Sponsored by: _____

Type of Program: Regular ☐ Part-time ☐ Mbale ☐ Other ☐

I have attached/uploaded the following:

- 1 Two (2) colored passport size photographs.
- 2 Copies of
 - (a) ID
 - (b) Birth Certificate
 - (c) KCPE Certificate/Result Slip
 - (d) KCSE Certificate/Result Slip
 - (e) Lower level/previous TVET Certificate *where applicable*.

(Fill this section only after you have confirmed your status)

Boarder: ☐

Day scholar: ☐

Trainee's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

I certify that I have received the above documents from the trainee.

Checked and Verified by: _____ Sign: _____ Date: _____

DATA KEYED-IN by

Name: _____ Signature: _____ Date: _____



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MEDICAL EXAMINATION FORM

(To be completed by a qualified doctor in a government hospital)
Note: This form MUST be submitted to the college Nurse on admission.

Name of student _____ Age _____ Date _____

STUDENTS MEDICAL EXAMINATION

Students are requested to complete Part 1 of this Form Part II should be completed by the medical Officer examining the Student. The completed Form should be brought personally and presented to the Medical Registration officers on the day of Registration by the Student. No medical reports should be brought earlier or sent by post

PART 1

a) Surname.....Other Names.....
 Date and place of Birth.....Nationality.....
 Race.....Religion.....
 Department.....Marital Status.....
 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 illnesses?

- i. Tuberculosis or other chest infection? Yes/No
- ii. Fits, nervous disease or fainting attacks? Yes/No
- iii. Heat disease or Rheumatic fever? Yes / No
- iv. Any disease of the digestive system? Yes/No
- v. Any disease of Genital urinary system? Yes / No
- vi. Allergies to food or drugs? Yes/No
- vii. Malaria? Yes/No
- viii. Sexual transmitted disease? Yes / No
- ix. Poliomyelitis? Yes/No

If the answer to any of the above is yes, please give details with dates.....

If there are any relevant details of your medical history not covered by the above questions, please give particulars.....

- i. Tuberculosis Yes / No
- ii. Insanity of mental illness? Yes / No
- iii. Diabetes Mellitus? Yes / No
- iv. Heart Disease? Yes / No

d) Have you been immunized against any of the following diseases:

- i. Smallpox? 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 ear.....left ear.....

d) Condition of:

Teeth:.....

Nose.....

Throat

e) Lymphatic glands

Circulatory system.....

Pulse.....

Blood pressure.....

f) Respiratory system.....

X –ray Chest.....

Signed_____

GOVERNMENT MEDICAL DOCTOR

For official Use:

Checked & Verified by_____Sign_____Date:_____



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FCK/ADMN/003



COLLEGE RULES, REGULATIONS AND DECLARATION FORM

Date:.....

1. COLLEGE PROGRAMMES AND ACTIVITIES

All students must participate in all college programs and activities

2. MANNER OF DRESSING

All students must be decently and appropriately dressed and presentable at all times.

3. OUT OF BOUNDS

All male hostels are out of bounds to female students and vice versa. Visitors are not allowed in students hostels

4. DRUG ABUSE

Any form of drug abuse (e.g. drunkenness, bhang– smoking etc) is strictly forbidden.

5. ANTI SOCIAL BEHAVIOUR

Students are strongly discouraged against any disrespectful behavior but should strive to cultivate an amiable relationship between them and all members of the Kaimosi community.

6. CLEANLINESS

All students **MUST** clean their hostels and the environs, and classrooms.

7. COLLEGE PROPERTY

All students **MUST** ensure that college property is properly looked after and utilized for the benefit of all users.

8. VISITORS

All visitors must register with the dean of students' office before being allowed to see students on week days.

9. BOARDING FACILITIES

Only a limited number of Boarding places are available. These will be allocated on the basis of “first come first served.” Therefore, only those who have cleared fees and are willing to accept the facilities offered will be allocated Boarding places.

THE FACILITIES OFFERED ARE:-

- (i) Cubes for four/six/ten students with window curtains
- (ii) Overhead lighting
- (iii) Metallic double-decker bed and mattress.
- (iv) Dining Hall
- (v) Meals are offered on cash basis under the Pay As You Eat System.

Note:

1. Boarding fee does not include meals and parents/Guardians are advised to give their sons/daughters enough money to cater for their meals.
2. Any illegal connection of power supply is not only dangerous but will lead to immediate dismissal from the hostels or college

DECLARATION

Ihereby declare as that

1. I have read and understood the college rules and regulations and further understand that breach of the said rules will lead to my suspension and/or expulsion from college.
2. I will meet expenses of any damage that I have caused to college property

Signature.....Date.....

Parent/Guardian/ Sponsor Name Signature.....

FOR OFFICIAL USE

Checked and Verified by: _____ Sign: _____ Date: _____

Okumu J.W.
PRINCIPAL/SECRETARY-BOG