



# Kenya Coast National Polytechnic

Kisauni Road, Po Box 81220, Mombasa, Telephone 0712725554, 0710389727  
Email: [info@kenyacoastpoly.ac.ke](mailto:info@kenyacoastpoly.ac.ke) Website: [www.kenyacoastpoly.ac.ke](http://www.kenyacoastpoly.ac.ke)



Our Ref: KCNP/ADMISSIONS/2019

Date: 15<sup>th</sup> October 2018

CHARO C RANDU

## OFFER OF ADMISSION FOR TRAINING UNDER KUCCPS PLACEMENT

Congratulations on being selected by Kenya Universities and Colleges Central Placement Services (KUCCPS).

You have been selected to pursue a course in **Diploma in Applied Biology** for a period of three years at **Kenya Coast National Polytechnic**. You are required to report between **9<sup>th</sup> January 2019** and **14<sup>th</sup> January 2019**.

Should you fail to report within this period your vacancy will be filled by other students on the waiting list.

Kindly utilize this opportunity well by meeting minimum attendance requirements and acquiring excellent results. All students are enrolled on condition that they strictly comply with all Polytechnic's rules and regulations and abide by guidance for the Polytechnic management and staff.

Attached find the fee structure for your course payable to the polytechnic account:-

BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER	BRANCH
Kenya Commercial Bank	Kenya Coast National Polytechnic	1106525027	Treasury Square Mombasa
LIPA NA MPESA	PAY BILL NO 859302	NAME OF THE STUDENT	

**P. NTIBA**  
**REGISTRAR**

## REQUIREMENTS

**YOU ARE REQUIRED TO BRING THE FOLLOWING ITEMS TO THE REGISTRAR'S OFFICE ON REPORTING DATE.**

### **Admission Checklist**

- *Two passport size colour photographs*
- *Original & Photocopy of national identity card and birth certificate*
- *Original & Photocopy of school leaving certificate*
- *Original & Photocopy of KCSE/KCPE results slip/certificate*
- *Dully filled Medical Form and Student particulars form (provided by the institute)*

### **Other Useful Information**

- *Limited hostel facilities are available for female students at Kshs 8000 and Kshs 1000 caution money for new students. Students are not allowed to make their own meals the institute will provide meals at a subsidized rate in the cafeteria.*
- *Private hostels will be recommended to the male students ranging from Kshs 12,000/= per term. (You are required to make your own arrangement)*
- *You are required to fill Appendix: A Form & Students' Medical Examination Report and bring them on the reporting date.*

### **Hostel Requirements for Female Students:**

#### **1. A student is required to come with the following items for personal use**

- *A pair of bed sheets*
- *Mosquito net*
- *Bucket/ basin*
- *Toiletries*

#### **The hostel will provide the following:**

1. *Bed, Mattress, Curtains, Locker, Washroom facilities.*

**PATRICK NTIBA  
REGISTRAR**

**STUDENT'S PARTICULARS FORM**



1. Course: \_\_\_\_\_ Admission No: \_\_\_\_\_  
(Diploma/Certificate/Artisan) Tick Appropriately

Department: \_\_\_\_\_ Year of Admission: \_\_\_\_\_

2. Personal Particulars:

Full Name: \_\_\_\_\_

Year of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_

National ID No: \_\_\_\_\_ Student's Mobile No: \_\_\_\_\_

Home County: \_\_\_\_\_ Home Address: \_\_\_\_\_ Sub County: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Other Next of Kin's/Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Name of Person to contact in case of an emergency: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Sibling (Brothers and Sisters)

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Mobile No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Mobile No: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Sports of interest: \_\_\_\_\_ Club /Society: \_\_\_\_\_

3. Examinations Results:

Last Primary School Attended: \_\_\_\_\_ Class: \_\_\_\_\_

Year: \_\_\_\_\_ Mean Grade: \_\_\_\_\_ Index Number: \_\_\_\_\_

Last Secondary School Attended: \_\_\_\_\_ Form: \_\_\_\_\_

Year: \_\_\_\_\_ Mean Grade: \_\_\_\_\_ Index Number: \_\_\_\_\_

Trainee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agreement to be filled and signed by the Parent/Guardian/Sponsor

I: \_\_\_\_\_  
(Name of Parent/Guardian/Sponsor)

Of: \_\_\_\_\_  
(Address)

Telephone Number (Office): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Consent that My Son/Daughter/Ward \_\_\_\_\_  
(Name of Student)

Be admitted to pursue (course): \_\_\_\_\_

As stated in the admission letter.

I will be fully responsible for payment of all institute fees and other charges levied by the institute's authorities in respect of the above mentioned student. I will also undertake to meet the cost of any property of the institute lost/damaged or rendered unacceptable by the same student.

\_\_\_\_\_  
Signature of Parent/Guardian/Sponsor

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

**Official Use**

Administration Officer: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_



- (vi) Parent (s) With Terminal or chronic illnesses \_\_\_\_\_
- (vii) Others (Specify) \_\_\_\_\_

**3. Do you have any special need(s)**

YES  NO

- If Yes, which one (s)
- (a) Physical Impairment \_\_\_\_\_
  - (b) Visual Impairment \_\_\_\_\_
  - (c) Hearing Impairment \_\_\_\_\_
  - (d) Terminal illness \_\_\_\_\_
  - (e) Other (Specify) \_\_\_\_\_

**4. Who will be paying Your School fees**

- (a) Self sponsorship \_\_\_\_\_
- (b) Employer \_\_\_\_\_
- (c) HELB \_\_\_\_\_
- (d) BOG \_\_\_\_\_
- (e) Others (Specify) \_\_\_\_\_



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## APPENDIX: C

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

### STUDENTS' MEDICAL EXAMINATION REPORT

#### IMPORTANT

Students are requested to complete Part I 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. NB: No medical reports should be brought earlier or sent by post.

#### PART I

- i. Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_
- ii. Date: \_\_\_\_\_ and Place of Birth \_\_\_\_\_ Sex: \_\_\_\_\_
- iii. Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_
- iv. Marital Status: \_\_\_\_\_ Mobile No: \_\_\_\_\_

#### PART II

*(To be completed by the Examining Medical Officer from Recognized Hospital)*

a) Have you ever been admitted into a hospital? \_\_\_\_\_

If so, state reason for admission and date: \_\_\_\_\_

b) Have you had any of the following illness?

- 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 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. Sexually transmitted Disease? (Yes/No)
- ix. Poliomyelitis? (Yes/No)

a) **If the answer to any of the above is Yes, Please give details with dates:** \_\_\_\_\_  
\_\_\_\_\_.

b) **If there are any relevant details of your medical history not covered by the above question, please give particulars:** \_\_\_\_\_  
\_\_\_\_\_.

c) **Has any member of your family suffered from:**

- i. Tuberculosis? (Yes/No)
- ii. Insanity or Mental Illness? (Yes/No)
- iii. Heart Disease? (Yes/No)

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

- i. Tetanus? (Yes/No) \_\_\_\_\_ Date: \_\_\_\_\_.
- ii. Poliomyelitis? (Yes/No) \_\_\_\_\_ Date: \_\_\_\_\_.

e) **Have you suffered from any of the following condition:**

i. **Visual Acuity:** Without Glass R/6 \_\_\_\_\_ L/6 \_\_\_\_\_  
With Glass R/6 \_\_\_\_\_ L/6 \_\_\_\_\_

ii. **Hearing:** Right ear \_\_\_\_\_ Left ear \_\_\_\_\_

iii. **Condition of:** Noise: \_\_\_\_\_  
Teeth: \_\_\_\_\_  
Throat: \_\_\_\_\_

iv. **Lymphatic Glands:** \_\_\_\_\_

v. **Circulation system:** \_\_\_\_\_

vi. **Pulse:** \_\_\_\_\_

vii. **Blood Pressure** \_\_\_\_\_ **Systolic** \_\_\_\_\_ **Diastolic** \_\_\_\_\_

viii. **Report on Respiratory system:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**ix. Report on CHEST X-RAY (where necessary as per the clinical finding)**

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**f) Any observation on the following:**

Abdomen \_\_\_\_\_

Spleen \_\_\_\_\_

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

**g) Any observed physical defects in addition to general records of observation:**

If any, Please Specify \_\_\_\_\_

Is the student on any treatment \_\_\_\_\_

If any, Please Specify \_\_\_\_\_

**h) Any other observation of importance: \_\_\_\_\_**

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**i) Medical Officer's Name: \_\_\_\_\_**

**Name of the Hospital: \_\_\_\_\_**

**Medical Officer's Signature: \_\_\_\_\_**

**Stamp of the Hospital: \_\_\_\_\_ Date: \_\_\_\_\_**



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## DRESS CODE

### MALE STUDENTS

1. Shirts must cover the torso/chest at all times
2. Shirts must have sleeves (short or long sleeves)
3. Pants must reach from the waist to the knee level and below
4. Fabric should not be sheer or flimsy
5. Design must not include foul language or graphics
6. Fit should be appropriate (avoid very tight clothes that may reveal your body)
7. Inner wear should not be revealed at all.
8. Students are not allowed to wear bathroom slippers (patapata or sandal) in the tuition area.
9. Caps and hats should not be worn in the compound (except on medical grounds).
10. Hair must be well groomed.

### FEMALE STUDENTS

1. No plunging necklines (no exposing cleavage)
2. Hemline on skirts and dresses must cover the knees
3. Shirts, blouses, and top gear must cover the waist area.
4. All shirts and top wear must have sleeves (short or long)
5. Pants must reach from the waist to the knee level and below
6. Fit should be appropriate (avoid very tight clothes that may reveal your body)
7. Inner wear should not be revealed at all.
8. Fabric of clothing must not be transparent or flimsy.
9. Design must not include foul language and/or graphics.
10. Students are not allowed to wear bathroom slippers (patapata or sandal) in the tuition area.
11. Caps and hats should not be worn in the compound (except on medical grounds).
12. Head covering should leave the whole face clear and visible.

**NOTE:** All students should fully abide to the dress code, failure to which disciplinary action will be taken.

**COMMITMENT:** I agree to abide by the Polytechnic dress code.

**NAME:** ..... **ADM NO:** .....

**COURSE:** ..... **CLASS:** .....

**SIGNATURE:** ..... **DATE:** .....