MMU/2A

Masinde Muliro University of Science and Technology

Tel: 0702-597360/1 EXT 2101
E-mail: registraraa@mmust.ac.ke
Website www.mmust.ac.ke

P.O Box 190
Kakamega
50100
Kenya

Office of the Dean of Students

BOND

I,.....Registration Number.....
(FULL NAME)

I hereby bond myself to be of good conduct during my stay at the Masinde Muliro University of Science and Technology.

I also bond myself to abide by all the University Rules and Regulations as contained in the Student Guide.

Failure to adhere to the above, the Masinde Muliro University of Science and Technology will reserve the right to institute disciplinary procedures against me.

Signed:.....Date:.....

Signed: .....
(Dean of Students)

Rubber Stamp.....

Masinde Muliro University of Science and Technology

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Games and Sports Department MMU/2B

PERSONAL INFORMATION ON SPORTING AND GAMES ACTIVITIES

Name:……

Reg No.:…….… Campus:……

Tel. No.:……. Email No:……..

Indicate by a tick (√) the game/sport you have participated in or of your interest

		LEVEL OF PARTICIPATION					
NO.	GAME	Zonal	County	Regional	National	International	Sport/Game of Interest
1	Soccer						
2	Netball						
3	Volleyball						
4	Handball						
5	Rugby						
6	Athletics–track/field						
7	Basketball						
8	Chess, Scrabble, darts						
9	Tennis						
10	Martial arts						
11	Swimming						
12	Hockey						
13	Badminton						
14	Table tennis						
OTHERS							
1							
2							
3							
4							

Signed..... **Date**.....

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AFFIX COLOURED PASSPORT SIZE PHOTO HERE

Office of the Registrar (Academic Affairs)

Masinde Muliro University of Science and Technology

STUDENTS PERSONAL DETAILS

Information in this form is intended to help the Office of the Registrar understand the student better. It will be used for purposes of improving the Student's Welfare While at the University (**To be completed and written in CAPITAL/BLOCK letters or TICK where appropriate)**

1 Name _____
Surname First Name Initial/Other

COUNTY _____ **SUB COUNTY** _____ **CONSITUENCY**_____

2. National Registration Number (I/D) | | | | | | | | | | |

3. University Registration Number | | | | | | | | | | | | | | | | | | | | |

Year of Study 1. First ☐ 2. Second ☐ 3. Third ☐ 4 Fourth ☐ 5.Fifth ☐

4. Date of Birth. | | | | | | | | |
Day Month Year

5. Religion 1. Protestant ☐ 2.Catholic ☐ 3. Muslim ☐ 4. Others ☐ Specify:

6. Nationality 1. Kenyan ☐ 2. East African ☐ 3. Others ☐ Specify _____

7. Home contact address (where you can be contacted during vacations)

_____
P.O. BOX CITY/TOWN

_____
TELEPHONE (LANDLINE) MOBILE PHONE (S) E-MAIL ADDRESS

8. (a) Marital Status 1. Single ☐ 2. Married ☐

(b) Name and Address of Spouse (if married) _____
(SURNAME) (FIRST NAME) (INITIAL/OTHER)

_____
P.O. BOX CITY/TOWN

_____ _____ _____
TELEPHONE (LANDLINE) MOBILE PHONE E-MAIL ADDRESS

9.(a) Full Name of Father: _____

(SURNAME) (FIRST NAME) (INITIAL/OTHER)

Deceased ☐ Alive ☐ Occupation _____

Date of Birth ☐☐ ☐☐ ☐☐☐☐

Day Month Year

(b) Full Name of Mother: _____

(SURNAME) (FIRST NAME) (INITIAL/OTHER)

Deceased ☐ Alive ☐ Occupation _____

Date of Birth Day ☐☐ Month ☐☐ Year ☐☐☐☐

10. (a) Full Name of Guardian _____

(SURNAME) (FIRST NAME) (INITIAL/OTHER

(b). Occupation of Guardian _____ ☐☐☐☐☐☐☐☐☐☐☐☐

I/D No.

11. Address of Parent/Guardian _____

P.O. BOX CITY/TOWN

_____ _____ _____

TELEPHONE (LANDLINE) MOBILE PHONE E-MAIL ADDRESS

12.(a) Name of Next of Kin _____

(SURNAME) (FIRST NAME) (INITIAL/OTHER)

(b) Address of Next of Kin _____

P.O. BOX CITY/TOWN

I.D. NO. ☐☐☐☐☐☐☐☐☐☐☐☐

.

_____ _____ _____

TELEPHONE (LANDLINE) MOBILE PHONE E-MAIL ADDRESS

13. Place of Birth: Village _____

_____ Location _____

_____ Name of Chief_____ Division _____ County___

_____ Constituency____

14. Place of Permanent Residence:

Village_____ Nearest Town_____ Nearest Police Station_____

Location_____ Name of Assistant Chief_____ Name of Chief_____

15. Give names and addresses of two persons who can be contacted in case of emergency.

(i) _____

(SURNAME) (FIRST NAME) (INITIAL/OTHER)

_____

RELATIONSHIP P.O. BOX TOWN/CITY

_____ _____ _____

TELEPHONE (LANDLINE) MOBILE PHONE E-MAIL ADDRESS

(ii) _____

(SURNAME) (FIRST NAME) (INITIAL/OTHER)

_____

RELATIONSHIP P.O. BOX TOWN/CITY

_____ _____ _____

TELEPHONE (LANDLINE) MOBILE PHONE E-MAIL ADDRESS

16. Name and address of Secondary School attended:

	NAME	ADDRESS	TOWN	DATES	
				FROM	TO
1.					
2.					

17. KCE/KCSE or equivalent Results (Subjects & Grades)

_____ _____ _____

_____ _____ _____

_____ _____ _____

Mean Score/Division (where applicable) ☐

18. Name and address of School attended for KCSE/"A" Level (Where applicable)

(a) Name _____

(b) Address _____

P.O. BOX TOWN/CITY

19. KCSE Results/"A" Level Results (Subject and Grades)

_____ _____ _____

_____ _____ _____

_____ _____ _____

20. Any other Institutions attended and Qualifications attained

	NAME	SPECIALIZATION	QUALIFICATIONS
1.			
2.			

21. Games/Sports: Which games and Sports do you participate in:

01. Soccer ☐ 02. Hockey ☐ 03. Basketball ☐ 04. Netball ☐

05. Tennis ☐ 06. Badminton ☐ 07. Rugby ☐ 08. Volleyball ☐

09. Athletics ☐ 10. Swimming ☐ 11. Table Tennis ☐ 12. Darts ☐

13. Karate ☐ 14. Martial Arts ☐ 15. ☐

Others If you represented your school, etc. in games please give details:

_____

_____

22. Clubs and Societies: Which clubs and societies are you interested

in: Please give details of your application.

(a) First Choice _____

(b) Second Choice _____

23. Do you suffer from any physical/health impairment? If so give details.

No. ☐ Yes ☐

Please state the condition

24. Please give any information you think is useful for you to communicate to the University.

I certify that the information I have provided is correct.

Signature: _____ **Date:** _____

MMU/4

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Office of the Registrar (Academic Affairs)

Masinde Muliro University of Science and Technology

ENTRANCE MEDICAL EXAMINATION Form

IMPORTANT

Students are requested to complete Part 1 of this Form. Part 11 should be filled by a Certified Medical Practitioner at a Government Hospital. 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 .....Sex .....Nationality.....Race.....

Religion..... Marital Status.....

Faculty/School/Centre..... .....Registration Number.....

Name, Address, and Telephone Number of Parent/Guardian/Next of .....

.....

(b) Have you ever been admitted in a hospital? .....

If so, state reason for admission and date.....

.....

(c) 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 the digestive system?.....Yes/No

(v) Any disease of Genito 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

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

.....

(d) If there are any other relevant details of your medical history not covered by the above questions 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 Mallitus? Yes/No

(iv) Heart disease?.....Yes/No

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

(i) Measles? Yes/No ..... Date.....

(ii) Tetanus? Yes/No ..... Date.....

(iii) Poliomyelitis? Yes/No ..... Date.....

(iv) Tuberculosis? Yes/No ..... Date.....

(v) Typhoid? Yes/No ..... Date.....

(vi) Hepatitis B? Yes/No..... Date.....

vi) Yellow fever? Yes/No..... Date.....

Signature of Student:_____ Date:_____

PART 11

(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.....Systolic.....Diastolic.....

(f) Respiratory System.....

(g) Abdomen.....

Spleen.....

Any evidence of Hernia.....

Any evidence of Haemorrhoids.....

(h) Urine...SG.....Albumin.....Sugar.....

(i) Any observable physical defects in addition to general record of observation:

If any please specify.....

(j) Is the student on any treatment?.....

If any please specify.....

(k) Blood KhanTest / VDRL.....

(I) Any other observation of importance.....

.....

Medical Officer: .....

Address: .....Stamp& Date:.....

PART III

(To be completed by the University Chief Medical Officer)

Special Remarks.....

.....

.....

Is the Student fit for University Education? Yes/No

Date:.....

Chief Medical Officer

MMUST