



**OFFICE OF THE REGISTRAR, ACADEMIC AND STUDENT AFFAIRS**

P. O. Box 713- 01100 Kajiado, Kenya.

Tel: 0703 969000, 0739 969022, 0776 500857

Website: <http://www.umma.ac.ke> | Email: [registrar@umma.ac.ke](mailto:registrar@umma.ac.ke)

PERSONAL DETAILS FORM

SECTION A - Student's Personal Details

Applicant's Name.....

(Surname)

(Other Names)

Campus (i.e Kajiado (Main Campus) /Thika/ .....

Mode of Learning (eg Full Time/Evening /Day.....

Postal Address .....Postal Code.....Town/City.....Country.....

Telephone.....Fax.....

(Either primary Mobile Number or Primary Email address MUST be filled

Mobile No (Primary)..... Mobile No (Alternative).....

Email (Primary) .....Email (Alternative).....

SECTION B- Student's Declaration.

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to a disciplinary action.

Student's Full name.....ID/Passport.....

Date.....Student's Signature.....

SECTION C- FOR OFFICIAL USE

Student MUST produce original National ID Card for form to be accepted.

Date Received and official Stamp

Admission's Officer's Name

.....

.....

SIGNATURE

DATE





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ACCEPTANCE FORM

SECTION A (To be completed in duplicate by the one ACCEPTING the offer)

Dear Sir,

Applicant's Name.....

(Surname)

(Other Names)

Application Ref. No.....

With reference to your letter offering me a place in the Faculty/Institute of .....

For a course leading to.....

Under the Umma University Government Sponsored Programme, this is to confirm that I DO ACCEPT the offer, and undertake to pay the fees and abide by the rules and regulations governing the organization, conduct and discipline of the students of Umma University.

FULL NAME.....

ID NO/PASSPORT NO.....

UNIVERSITY REGISTRATION NO.....

.....  
SIGNATURE





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### DECLARATION BY THE STUDENT

I

ID/NO

do hereby declare that I have read the Rules and Regulations Governing the Conduct and Discipline of Students at Umma University and understood their contents and meaning and undertake to abide by them.

SIGNED

DATE

REGISTRATION

NO.

SCHOOL ADMITTED TO

**UU/ACA/MF/FORM 8**  
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**MEDICAL EXAMINATION FORM**

**PERSONAL HISTORY**

Surname:..... Other names:..... Reg.  
No..... Date of birth:..... Place of birth..... Next of  
kin:..... Relationship:.....  
Address:..... Tel. No:.....

**1. SOCIAL HISTORY (Please indicate 'x' where appropriate)**

Alcohol: YES.....NO..... HOW OFTEN (if yes)

Tobacco: YES..... NO..... HOW OFTEN (if yes) ..... Regular  
doctor's medication: YES.....NO..... Which one..... History of mental  
illness: NO.....YES.....Give details

Below.....  
..... Have you  
been suspended from school? NO..... YES.....give  
details.....

..... Do you  
suffer from any chronic illness? NO.....YES..... if yes, which one:

( ) Diabetes, ( ) Hypertension, ( ) Tuberculosis, ( ) Hepatitis, ( ) sickle cell disease, ( ) leukemia

Have you had any of these symptoms for more than one week?

( ) fever, ( ) Cold Chills, ( ) Weight Loss, ( ) Diarrhoea, ( ) Vomiting.

Do you have any known food or drug allergy? If Yes,  
specify.....

Others:.....  
.....  
.....



**2 FAMILY HISTORY**

Do any of your relatives suffer from?

( ) High blood pressure ( ) Diabetes, ( ) Heart Disease, ( ) Allergies, ( ) Mental illnesses, ( ) Epilepsy, other, please specify.....

**3 GENERAL EXAMINATIONS (To be examined in a government hospital)**

General appearance: ..... Weight:.....

Height .....Respiratory System: inspiration.....

Expiration.....

Cardiovascular System: pulse ...../mm B/P. Heart sounds..... Genito

Urinary.....

Ears/Nose/throat.....

Skin.....Sight..... Sight

retraction R/E ..... L/E..... **4**

**LABORATORY EXAMINATION (Please attach lab, Reports)**

Heamogram E.S.R V.D.R.I. Blood group

Chest X-ray P/A (let your doctor decide if it's necessary) attach only radiologist report. Urinalysis (PT for females)..... Mantoux test (PPC).....

**5 FOR DOCTORS USE ONLY (Official stamp should be included)**

Doctor's Name..... Signature.....

Qualification..... Date.....

**6 PERSONAL DECLARATION**

I hereby consent to offer this information to any medical authority as deemed necessary to effect quick treatment.

**Student's**

Name.....Signature.....Date.....

