

TUC/2A

## TURKANA UNIVERSITY COLLEGE



TEL: +254(0789399751) or  
+254(0724178505)  
Email- [turkanauniversity@gmail.com](mailto:turkanauniversity@gmail.com)  
Email-[registrar.aa@tuc.ac.ke](mailto:registrar.aa@tuc.ac.ke)  
Website - [www.tuc.ac.ke](http://www.tuc.ac.ke)

P.O BOX 69-30500  
LODWAR  
KENYA

### Office of the Dean of Students

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#### BOND

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

I hereby bond myself to be of good conduct during my stay at the Turkana University College

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 Turkana University College will reserve the right to institute disciplinary procedures against me.

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

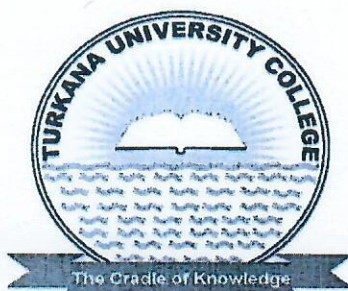
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Signed: .....

(Dean of Students)

Rubber Stamp.....

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 LODWAR  
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## Games and Sports Department

### PERSONAL INFORMATION ON SPORTING AND GAMES ACTIVITIES

Name:.....

Reg No.:..... Campus:.....

Tel. No.:..... Email No:.....

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

NO.	GAME	LEVEL OF PARTICIPATION					Sport/Game of Interest
		Zonal	County	Province	National	International	
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						
<b>OTHERS</b>							
1							
2							
3							
4							

Signed..... Date.....



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TUC/3

AFFIX  
 COLOURED  
 PASSPORT SIZE  
 PHOTO HERE

## TURKANA UNIVERSITY COLLEGE

Office of the Registrar (Academic Affairs)

### 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 in Duplicate and written in CAPITAL/BLOCK letters or TICK where appropriate)

1 Name

Surname	First Name	Initial/Other
---------	------------	---------------

2. National Registration Number (I/D)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County \_\_\_\_\_

3. University Registration Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year of Study	1. First	2. Second	3. Third	4. Fourth	5. Fifth

4. Date of Birth.

--	--	--	--	--	--	--	--	--	--

Day
Month
Year

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____
5. Religion	1. Protestant	2. Catholic	3. Muslim	SDA.	4. Others

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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
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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
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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 \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

I/D No.

11. Address of Parent/Guardian

\_\_\_\_\_

P.O. BOX CITY/TOWN

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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. 

--	--	--	--	--	--	--	--	--	--	--	--

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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)

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RELATIONSHIP P.O. BOX TOWN/CITY

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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

	NAME	ADDRESS	TOWN	DATES	
				FROM	TO
1.					
2.					
3.					

16. Name and address of Secondary School attended:

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


Mean Score/Division (where applicable)

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

(a) Name \_\_\_\_\_

(b) Address \_\_\_\_\_ P.O. BOX \_\_\_\_\_ TOWN/CITY \_\_\_\_\_

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


20. Any other Institutions attended and Qualifications attained

	NAME	SPECIALIZATION	QUALIFICATIONS
1.			
2.			
3.			

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

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 01. Soccer               | 02. Hockey               | 03. Basketball           | 04. Netball              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 05. Tennis               | 06. Badminton            | 07. Rugby                | 08. Volleyball           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 09. Athletics            | 10. Swimming             | 11. Table Tennis         | 12. Darts                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 13. Karate               | 14. Martial Arts         | 15. Others               |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |

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

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

Please give details of your application.

- (a) First Choice \_\_\_\_\_
- (b) Second Choice \_\_\_\_\_
- (c) Third Choice \_\_\_\_\_

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

No.  Yes

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

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I certify that the information I have provided is correct.

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





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### Office of the Registrar (Academic Affairs)

## ENTRANCE MEDICAL EXAMINATION

### 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 Mellitus? .....Yes/No
  - (iv) Heart disease? .....Yes/No
- (f) 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.....
  - (iv) Tuberculosis? Yes/No ..... Date.....
  - (v) Typhoid? Yes/No ..... Date.....
  - (vi) Hepatitis B? 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.....
- (f) Circulatory System.....Pulse.....  
Blood Pressure.....Systolic.....Diastolic.....
- (g) Respiratory System.....
- (h) Abdomen.....  
Spleen.....
- Any evidence of Hernia.....
- Any evidence of Haemorrhoids.....
- (i) Urine...SG.....Albumin.....Sugar.....
- (j) Any observable physical defects in addition to general record of observation:  
If any please specify.....
- (k) Is the student on any treatment.....  
If any please specify.....
- (l) Blood KhanTest / VDRL.....
- (m) 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

Medical Officer.....  
FOR TURKANA UNIVERSITY COLLEGE.

Date:.....