



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY  
OFFICE OF THE REGISTRAR (ACADEMIC AND STUDENT AFFAIRS)**

Tel. 057-2501804  
email: [academic@jooust.ac.ke](mailto:academic@jooust.ac.ke)

P.O. BOX 210 - 40601  
BONDO

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

Our Ref:

Your Ref:

**LETTER OF ACCEPTANCE**

Dear Sir/Madam,

I \_\_\_\_\_

Surname

First Name

Last Name

Admission Number \_\_\_\_\_ ID/No./Birth Certificate No. \_\_\_\_\_

With reference to your letter offering me a place in the School of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For a course leading to the Degree/Diploma/Certificate of \_\_\_\_\_

\_\_\_\_\_

Do hereby confirm that: (tick as appropriate)

A. **I DO ACCEPT** the offer and **PROMISE TO ABIDE** by the rules and Regulations Governing the Conduct and Discipline of the students of **Jaramogi Oginga Odinga University of Science and Technology**. I understand the change of School or Department will be permitted only by the **Jaramogi Oginga Odinga University of Science and Technology Senate**.

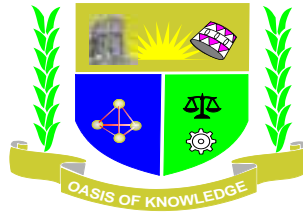
B. **I DO NOT ACCEPT** the offer because of the following reason(s)

1. Family problem.
2. Health problem
3. I have been offered an overseas scholarship.
4. The University has not offered me the course I applied for.
5. I have taken up employment.
6. Any other reason (state them).

\_\_\_\_\_

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

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



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY  
OFFICE OF THE REGISTRAR (ACADEMIC AND STUDENT AFFAIRS)**

Tel. 057-2501804  
email: [racademic@jooust.ac.ke](mailto:racademic@jooust.ac.ke)

P.O. BOX 210 - 40601  
BONDO

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

Our Ref:  
Your Ref:

**STUDENT'S PERSONAL DETAILS**

**AFFIX  
PASSPORT  
SIZE PHOTO**

Name: \_\_\_\_\_  
Surname Other Names

Admission Number \_\_\_\_\_

School Admitted into \_\_\_\_\_

Course Admitted for \_\_\_\_\_

**NOTE:**

- (i) Complete 2 (two) copies of this form in Capital Letters. Attach to each form a **COLOURED** passport size photograph taken in one shot.
- (ii) The names appearing in this form should be the same as those with which you were registered for K.C.S.E/Official names on your certificates.
- (iii) Information provided will be used for purposes of assisting the student where ever need arises. The information therefore should be true and correct.

1. Date of Birth \_\_\_\_\_  
Day Month Year





19. Games/Sports: Which games and sports do you participate in?  
Kindly tick

01 Soccer	02 Hockey	03 Basketball	
	04 Netball		
05 Tennis	06 Badminton	07 Rugby	08 Volleyball
09 Athletics	10 Music	11 Table Tennis	12 Dates
13 Indoor Games	14 Martial Arts	15 Others	

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

---

---

---

---

20. Clubs/Societies: Which clubs and societies are you interested in? Please give details of your participation.

- a. First choice
- b. Second choice
- c. Third choice

21. Do you participate in Music? Yes/No.  
If so, at what level?

- (a) School choir
- (b) Church choir
- (c) Personal level
- (d) Any other

22. Provide additional information you think is useful to the University.

---

---

---

---

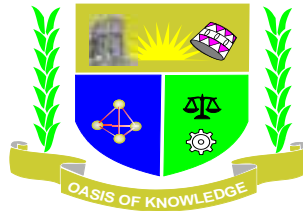
---

---

I certify that the information provided here is correct.

**Signature:** \_\_\_\_\_ **ID/No.** \_\_\_\_\_ **Date:** \_\_\_\_\_





**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY  
OFFICE OF THE REGISTRAR (ACADEMIC AND STUDENT AFFAIRS)**

Tel. 057-2501804  
email: [racademic@jooust.ac.ke](mailto:racademic@jooust.ac.ke)

P.O. BOX 210 - 40601  
BONDO

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

Our Ref:  
Your Ref:

**STUDENT ENTRANCE MEDICAL EXAMINATION**

Admission Number: \_\_\_\_\_

**IMPORTANT**

Students are requested to complete part 1 of this form. The Medical Officer examining the student should complete part II. The completed form should be forwarded to the Registrar, Academic and Student Affairs, Jaramogi Oginga Odinga University of Science and Technology, P. O. Box 210 – 40601 BONDO

**PART I**

(a) Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Age: \_\_\_\_\_ Nationality \_\_\_\_\_  
Single/Married: \_\_\_\_\_  
Faculty: \_\_\_\_\_

Name, address and telephone number of parent/guardian/next of kin.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (b) Have you ever been in an in-patient hospital or nursing home? YES/NO. If so when and for what complaints?

---



---



---



---



---

- (c) Have you suffered from or had symptoms of any of the following? (Delete as necessary)

Tuberculosis or other chest infection	YES/NO
Fits, Nervous disease or fainting attacks	YES/NO
Heart disease or Rheumatic fever	YES/NO
Any disease of the genitor-urinary system	YES/NO
Allergies to food or drugs	YES/NO
Malaria	YES/NO
Sexually transmitted disease	YES/NO
Poliomyelitis	YES/NO
Epileptic Attack	YES/NO
Any physical defect or deformity	YES/NO
Any disease not mentioned above	YES/NO

---



---



---

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

---

- (d) Is there any other relevant detail of your medical history not covered by the above questions? YES/NO. If yes, please give particulars.

---



---



---



---



(e) Has any member of your family suffered from?

- |                                  |        |
|----------------------------------|--------|
| (i) Tuberculosis                 | YES/NO |
| (ii) Insanity or Medical illness | YES/NO |
| (iii) Diabetes mellitus          | YES/NO |
| (iv) Heart Disease               | YES/NO |

(f) Have you been immunized against the following diseases?

- |                           |        |             |
|---------------------------|--------|-------------|
| (i) Smallpox _____        | YES/NO | Date: _____ |
| (ii) Tetanus _____        | YES/NO | Date: _____ |
| (iii) Poliomyelitis _____ | YES/NO | Date: _____ |

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PART II

(To be filled by examining Medical Officer)

(a) Height \_\_\_\_\_ Weight \_\_\_\_\_

(b) Visual Acuity

Without glasses R.6 \_\_\_\_\_ 1.6/ \_\_\_\_\_

With Glasses R.6/ \_\_\_\_\_ 1.6/ \_\_\_\_\_

(c) Hearing Right ear \_\_\_\_\_ Left ear \_\_\_\_\_

(d) Conditions of:

Teeth \_\_\_\_\_ Throat \_\_\_\_\_

Ears \_\_\_\_\_ Lymphatic Glands \_\_\_\_\_

Nose \_\_\_\_\_ Abdomen \_\_\_\_\_

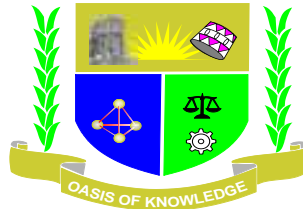
Liver \_\_\_\_\_ spleen \_\_\_\_\_ Urine \_\_\_\_\_ Stool \_\_\_\_\_

(e) Circulatory System Pulse \_\_\_\_\_

(f) Doctor's Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Examining Doctor** \_\_\_\_\_ **Signature and Rubber stamp**  
Name

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



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY  
OFFICE OF THE REGISTRAR (ACADEMIC AND STUDENT AFFAIRS)**

Tel. 057-2501804  
email: [academic@jooust.ac.ke](mailto:academic@jooust.ac.ke)

P.O. BOX 210 - 40601  
BONDO

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

Name of candidate: \_\_\_\_\_ Adm. No. \_\_\_\_\_

Course admitted for: \_\_\_\_\_

**EMERGENCY OPERATION(S)**

Approval of your parent(s) or guardian(s) is required for the Designated Officer of the University to give consent on their behalf, for an emergency operation(s) to be carried out on you should a situation calling for such an operation arise.

Parent(s)/guardian(s)/next of kin are therefore required to complete the consent form below.

**FORM OF CONSENT**

I agree that the Medical Officer, Jaramogi Oginga Odinga University of Science and Technology can consent to an emergency operation on \_\_\_\_\_ (insert name) who is my (State relationship) \_\_\_\_\_ if it has not proved possible to contact me in time.

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

**Address:** \_\_\_\_\_

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



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY  
OFFICE OF THE REGISTRAR (ACADEMIC AND STUDENT AFFAIRS)**

Tel. 057-2501804  
email: [racademic@jooust.ac.ke](mailto:racademic@jooust.ac.ke)

P.O. BOX 210 - 40601  
BONDO

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

## DECLARATION

I \_\_\_\_\_

National Identity Card Number \_\_\_\_\_ do hereby declare that I have read the Rules and Regulations Governing the Organization and Discipline of Students at Jaramogi Oginga Odinga University of Science and Technology have understood its content and meaning and undertake to abide by them.

**Signature of Applicant:** \_\_\_\_\_

**Admission Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### AND WITNESSED IN THE PRESENCE OF PARENT/GUARDIAN

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **ID/No.:** \_\_\_\_\_

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



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY  
OFFICE OF THE REGISTRAR (ACADEMIC AND STUDENT AFFAIRS)**

Tel. 057-2501804  
email: [racademic@jooust.ac.ke](mailto:racademic@jooust.ac.ke)

P.O. BOX 210 - 40601  
BONDO

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

Our Ref:  
Your Ref:

## **PHOTO AND AUDIO-VISUAL RELEASE FORM**

### **USE OF PHOTOS, AUDIO AND VISUAL CONTENT FOR THE UNIVERSITY CATALOGUE, WEBSITE AND SOCIAL MEDIA**

I, \_\_\_\_\_ of Admission number: \_\_\_\_\_  
hereby give my consent to Jaramogi Oginga Odinga University of Science and Technology,  
hereafter referred to as '*the University*' her legal representatives, successors and assigns the right  
to photograph, record, and then use, reproduce and publish said images, video, or voice output  
affiliated to me in the Student Catalogue, including but not limited to its website and social  
media.

I agree that the photographs/negatives, audio, and or visual output thereof shall constitute the  
sole property of the University with full right of disposition in any manner whatsoever, including  
the right to publish on their website and social media platforms.

I hereby release the University and her legal representatives, successors and assigns from any  
and all claims whatsoever in connection with the use, reproduction, and publication of the  
images, videos, and or voice output thereof.

Dated this .....day of .....20.....

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

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

ID. No: \_\_\_\_\_

Name of Parent or guardian \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_

(if under age 18)