



## KENYA INSTITUTE OF MASS COMMUNICATION

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### OFFICE OF THE ACADEMIC REGISTRAR

**P.O Box 42422-00100, Tel 551555 Ext 293, NAIROBI**

### STUDENT'S REGISTRATION FORM

**Student's Declaration:** *I, the undersigned, declare that I have read & understand KIMC Students' Rules & Regulations and that I take full responsibility for any breach.*

#### SECTION 1: PERSONAL INFORMATION

Name of Student: ..... Adm. No: .....  
 Training Department: ..... Tel. No.: .....  
 Course Enrolled: .....  
 Year of Study: First [ ] Second [ ] Third [ ]  
 Mode of study: Day [ ] Evening [ ] Residence Status: Boarder [ ] Day Scholar [ ]  
 Signature: ..... Date: .....

#### SECTION 2: ACCOUNTS CLEARANCE (*Charge as Appropriate*)

**Tuition Fees:** Total Fees (Ksh.): ..... Fees Paid (Ksh.) ..... Bal. (Ksh.) .....  
**Accommodation Fee:** Payable (Ksh.) ..... Paid (Ksh.) ..... Bal. (Ksh.) .....

.....  
 Account Stamp & Date

#### SECTION 3: CLEARANCE FOR CLASS ATTENDANCE (ACADEMIC REGISTRAR)

Request to Attend classes: Approved [ ] Not – Approved [ ]  
 Reasons for not approving: .....  
 .....

.....  
 Registrar (Academic Affairs) Stamp & Date

**SECTION 4: CLEARANCE FOR ROOM ALLOCATION (DEAN OF STUDENTS)**

Request for Accommodation: Approved [ ] Not – Approved [ ]

Reasons for not approving: .....

.....

.....

Dean of Students

.....

Stamp & Date

**SECTION 5: CATERING SERVICES (CATERESS)**

Request for Meal Card: Meal Card Provided [ ] Meal Card Not Provided [ ]

Reasons for not providing: .....

.....

.....

Cateresses

Stamp & Date

**SECTION 6: ROOM ALLOCATION (HOUSE KEEPER) – To be done in duplicate, Retain one Copy**

Allocated Room No. \_\_\_\_\_

No.	Item Description	No.	Check – in Conditions	Check – out Conditions
1	Bed			
2	Mattresses			
3	Wardrobe (Rail& Hooks)			
4	Sockets/Switch			
5	Reading & Ceiling Lights			
6	Door(s) & Lock			
7	Reading Table			
8	Chair(s)			
9	Window & Panes			
10	Keys			
11	Curtain			
12	Mirror			
13	Floor & Walls			

**CONDITION CHECK - IN**

Check – in Time: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

**Officer in-Charge (Housekeeping)**

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

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

**CONDITION CHECK OUT**

Check Out Time: \_\_\_\_\_

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

**Officer in-Charge (Housekeeping)**

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

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

**Note:** Please Observe ALL KIMC Rules and Regulations.