

TECHNICAL UNIVERSITY OF MOMBASA

Office of the Registrar Academic Affairs

Reg.No: **DCE/007J/2023** Reff. No: **APP/2022/000007**

Date: **25-Jul-2022**

IRUNGU WANJIRU JANE P.O BOX -

Dear IRUNGU WANJIRU JANE,

Admission for DIPLOMA IN CIVIL ENGINEERING.

I am pleased to inform you that you have been admitted to Technical University of Mombasa (TUM) for **DIPLOMA IN CIVIL ENGINEERING.** This is a **4 years** programme offered in the **department of Electrical Engineering** at the main Campus, Tudor Mombasa.

Registration begins on **05-07-2023** and ends on **02-08-2023**. A candidate who will not have registered shall be deemed to have forfeited his or her offer. The University general rules and regulations governing students' code of conduct and discipline and any other subsequent regulations that may be approved by the Senate shall apply.

You are required to bring with you original copies of: Letter of admission, National ID, two recent passport sized photos, academic certificates, dully filled in medical form, NHIF card and requisite fees as attached. On arrival at the University, you should report to the Registrar Academic Affairs' Office to complete other registration processes. Thereafter, you will proceed to your respective Department for signing of the nominal roll.

The University has few places of accommodation which shall be issued upon registration on first come first served basis. This means that, the University does not guarantee accommodation, hence students are requested to make their own arrangements for accommodation.

If you accept this offer, please make A COPY of this letter which will be presented during the registration process. Please note that the admission is subject to formalizing the registration procedures as per University policies.

Full fees must be paid before admission through any of the bank accounts country wide indicated below. Bring with you the original bank deposit slip during registration. Official receipts will **ONLY** be issued upon production of a valid bank deposit slip. Cash payments are not allowed.

Standard Chartered Bank A/C No: 0102092728000, Barclays Bank A/C No: 2034098894 KCB A/C No: 1169329578, Co-operative Bank A/C No: 0112979001600, National Bank A/C No: 01038074211700, Equity Bank A/C No: 0460297818058.

Yours Sincerely,

Serah	Nekesa Welim	ie			
Ag.	Registrar	Academic	Affairs		
Accep	tance:				
Name:				ID No:	
(Pleas	e write the ord	er of names as th	ney appear in the	e National ID Card)	
Signati	ıre:			Date:	

***Students are advised to visit www.helb.co.kedownload and fill the loan application form. ***



ISO 9001:2015 Certified

ACCEPTANCE AND DECLARATION FORM

- 1. I hereby undertake to complete the course for which I have been admitted at the TechnicalUniversity of Mombasa, unless otherwise provided in the prevailing University rules and regulations.
- 2. I understand the change of course will be permitted only by approval of the University Senate.
- 3. I shall abide by the rules and regulations of the University.
- 4. I undertake to read and understand the Student Disciplinary regulations and shall subject myselfto the Disciplinary process when applicable to me in complete cognizance of its requirements noting that the process is not negotiable.
- 5. I accept the rules and regulations governing the student association.
- 6. I shall be of good behavior in my academic endeavors while in the University.
- 7. I understand that if disciplinary action is taken against me, the University is at liberty tocommunicate the same to my parents, guardians, and sponsors (whichever is applicable).
- 8. I shall observe and apply Covid 19 protocols as stipulated.

Students' Name:			
National ID NO:	Date:		
Signature:		_	
R e g N o :			
Witness:	Date:		Paren
/Guardian's Name:			
Signature:	Relationship:	Date:	





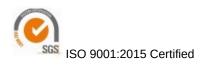
TECHNICAL UNIVERSITY OF MOMBASA

Document: Form Ref No.: TUM/Form/RAA/010

Title: STUDENTS PERSONAL DETAILS

Department: REGISTRAR ACADEMIC AFFAIRS

O TOPE CALLED	Department.	TE GIS TIC IN TIC IE	-EIVITO III I I IIII	
	Issue No. 1	Revision No. 1	Date: 10th March	2017
(To be completed in Du	plicate and in	capital letters). One	copy to be retained	by the Candidate.
1. Full Name (Mr./Mrs./Miss) Surn		First Name		Middle Name.
University Registrati	on Number	•••••		
Course Applied:				
Faculty of:		•••••		
Department:	•••••			
Transcript No2. Date of Birth:				
Nationality		Passport/ID No.		
Contact Address. P.	O. Box	Towi	ıCo	ode
County/District	•••••	Loc	ation	
Marital Status Email Address				
3. Next of Kin's Names.				
Address for Next of Ki	n		. Town	
Phone No4. Persons to be contacted				
a. Names		Phone No		
P. O. Box		Town		Code
a. Names		P	honeNo	
P. O. Box	••••	Town	Code	



INSTITUTION ATTENDED	DATES From (year) To (year)	QUALIFICATION
6. Other Academic or Professional	Qualification		
(Start with Current)	D	ATES	Overall Grade
	From (month/year)	To (Month/ye	ear)
7 a) Provide order of your names the Transcript.	ne way you would like t	hem to appear i	n your final Certificate and
Surname First N	lame	Middle Name	
b) NB : ALL your official docume Cards will have your names written	-	D, Transcripts, (Certificates and Examination
Any change of name after filling the Handbook	is form shall attract a pe	nalty of fees as in	dicated in the Student
I certify that the information I have	provided is correct.		
Student Signature:	Date:		

Document: Form		Ref No.: TUM/Form/RAA/011		
Title: MEDICAL EXAMINATION				
Department: REGISTRAR ACADEMIC AFFAIRS				
Issue No. 1	Revision No. 1	Dates: 10th March 2017		

REGISTRATION NO.....

IMPORTANT

Students are requested to complete **Part I** of this form, **Part II** should be completed by the Medical Officer examining the student. The completed Form should be brought personally and presented to the Medical Registration Officers on the day of registration by the student. **NB**: **No medical reports should be brought earlier or sent by post.**

PART I

Nationality:Religion:	Marital Status:
ii. Name of Parent/Guardian/Next of kin:	
Address: Telephone	Number:
(To be completed by the Examining Medical Offic	er from Recognized Hospital)
a). Have you ever been admitted into a hospital?	
·	
b). 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 digestive system?	Yes /
A 1:	No.
v. Any disease of Genital urinary system?	Yes /
vi Allergies to food or drugg?	No.
vi. Allergies to food or drugs? vii. Malaria?Yes / No.	Yes / No
viii. Sexually transmitted disease?	Yes / No
ix. Poliomyelitis?	Yes /
ix. Tollomythus:	No.
TC.1	details with dates

	Tuberculosis?			sanity or mental Illness?	Yes / No
	Diabetes Mellitus? Have you been immun i			eart Disease?	Yes / No
•	i). Tetanus? Yes / No	_	-	•	
	ii). Poliomyelitis? Yes /				
e). I	Have you suffered fron	n any of the f	ollowin	g condition:	
	i) Visual Acuity:				
	Without Glasses R.6/	L./6		With Glasses R.6/	L./6
	ii) Hearing: Right ear	•••••	Left	ear	
	iii) Condition of:				
	Teeth:	Nose:		Throat:	
	iv) Lymphatic glands				
				Systolic	
	Diastolic				
	, -				
				sary as per the clinical fin	
	±	•		· ·	
vi)	•	_			
	•				
	Evidence of Hemorrho	ids			
	vii) Any observab	le physical d	efects ii	addition to general reco	rd of observation:
	If any, please spe	cify			
	If any, please spe	cify			
	Medical Officer:				
	Address:				••••••
	PART III.			_	
	(To be completed by	y the Univers	ity Me	dical Officer)	
	Special Remarks:				
			•••••		
	Is the student fit for th	ne Course Adr	nitted?	Yes / No	
	TUMA dical Office	 1			

UNIVERSIA,	TECHNICAL UNIVERSITY OF MOMBASA				
SY ON MAN	Document: Form		Ref No.: TUM/Form/RAA/012		
HNI	Title: NEW S	TUDENTS ADMISSI	ON		
AS	Department:	REGISTRAR ACAI	DEMIC AFFAIRS		
	Issue No. 1	Revision No. 1 Date: 10th March 2017		ı 2017	
		(To be filled in DU	PLICATE)		
Provide your name Certificate and Tr		you would like th	em to appear in y	our final	
Any change of nam a penalty Fee as ind	-		egistration period	provided, shall attract	
Surname	First	: Name	Middle Na	ame	
REG.NO	•••••	COURSE			
DEPARTMENT		FACU	J LTY		
1. a) DEPARTMENTAL	DESK: VERIFI	CATION OF STUDE	NT?S ORIGINAL F	OCUMENTS	
Document	DESIGN VERGET	Indicate Number		Confirmed (Tick)	
				` , ,	
Academic Certificate					
(Certificate, Diploma	or Degree)				
COD/LECTURER?S	NAME			DATE	
	'D \$7	((Official Rubber Sta	amp)	
b) LEVEL OF ENT Year of Study		ar.	Date		
rear or study	Semeste		Date		
2. STUDENT?S CONI	FIRMATION				
Signature	••••••	. Date	•••••		
3. FINANCE DESK (C	Cash Office)				
Fees Payable (Kshs)					

Amount Paid (Kshs)Balance (Kshs)

	ICAL DESK: MEDICAL EXAMINATION AND REPORTS REMARKS
	OFFICER?S NAMESIGNATUREDATE
5. REG	STRAR?S OFFICE (Admission Desk)
	I confirm that the student has met all the required admission procedures.
	Temporary ID Issued
	Signed Nominal Roll
	Admission Officer
	NameSignDate
6. ACC	OMMODATION DESK (Optional)
	Accommodation is subject to availability of rooms and is served on first come first served basis.
	Is accommodation available? Yes No
	Room allocated
	Accommodation Officer
N	me Date

7. STUDENT IDENTITY CARD PHOTO (To be taken after orientation) \mathbf{NOTE} :

- I. The registration process must be completed within the first two weeks of the semester.
- II. Students MUST register for course units before commencement of classes
- III. Students are advised to visit www.helb.co.ke, download and fill the loan application form.

UNIVERSIA,	TECHNICAL UNIVERSITY OF MOMBASA			
O LO	Document: F	Form	Ref No.: TUM/Form/RAA/013	
PSVBIN	Title: REGISTRATION CHECKLIST			
	Department:	REGISTRAR ACAI	DEMIC AFFAIRS	
	Issue No. 1	Revision No. 1	Date: 10th March 2017	
The following docum	onte chould b	o dully filled by	all new students and presented to the	

The following documents should be dully filled by all new students and presented to the admissions desk upon registration.

S/N Document	Availed	Not Availed
Copy of admission letter		
Certificates (Original and copies for certification)		
Dully filled new students Admission form		
Dully filled new students Personal Details form		
Dully filled Acceptance Declaration form		
Dully filled Medical Examination report		
Dully filled Accommodation form (optional)		
Name of Student: Sign:		Date

Name of Student:	Sign:	Date:	
· tuille of blauciit.		Dutc	

Name of Registry Officer: ______ Date: _____

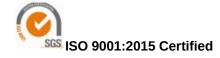


TECHNICAL UNIVERSITY OF MOMBASA

Document: Form Ref No.:
TUM/Form/RAA/008

Title: EXAMINERS RECORD

Department: REGISTRAR ACADEMIC AFFAIRS



Issue No. 2 Revision No. 0 Date: 5th April 2018

INSTRUCTIONS TO ALL STUDENTS

1. STUDENTS PERSONAL DETAILS.

You are required to complete Two (2) copies of Form *TUM/Form/RAA/010 STUDENTS PERSONAL DETAILS* and return a copy together with two (2) **COLOURED PASSPORT SIZE PHOTGRAPHS** to the Registrar (AA).

2. MEDICAL EXAMINATION.

Admission into University is conditional upon satisfactory medical report being received. Students are therefore required to undergo a medical examination by recognized medical practitioner before coming to the University.

Document TUM/FORM/RAA/011 MEDICAL EXAMINATION FORM is attached for

this purpose. The Doctor who examines the student is kindly requested to complete the form. The student is required to bring the report along with him/her on the day of registration. The form should **NOT BE SENT BY POST**.

3. MATERIALS NEEDED BY STUDENTS.

i. Stationery ii. Books and equipment (depending on the faculty/School/Institute) in which one is registered. iii. Beddings (Bed cover, Sheets and bucket)

INSTRUMENTS AND PROTECTIVE GEAR FOR STUDENTS IN THE FOLLOWING FACULTIES.

Engineering.

- %2. A set of Draughtsman drawing instruments
- %2. 2H, HB and 3H pencils and a good quality eraser.
- %2. Blue Overall. iv. Safety Boots
- v. Scale rulers for Architectural Students.



Applied Sciences.

- i. One white laboratory coat ii. Safety Boots
- iii. Dissecting Kit