Form Number.....

HOSTEL ACCOMMODATION APPLICATION FORM

- 1. Please write in **BLOCK LETTERS**.
- 2. Attach one (1) passport-size colour photograph.

NB: Payments procedure at the end of the form

Photograph

STUDENT PARTICULARS

| Name: | | |
|--|--|--|
| Adm. No: Programme: | | |
| Enrolment year/semester | | |
| Sex: M/F (Tick appropriately) ID/Passport No: | | |
| Date of Birth: | | |
| Cell Phone No: Email | | |
| Physical Address: | | |
| County of Residence: | | |
| Father's NameOccupation | | |
| Mobile NumberEmail. | | |
| Mothers NameOccupation | | |
| Mobile NumberEmail | | |
| Guardian's Name | | |
| Physical Address | | |
| Mobile NumberEmail | | |

| Do you suffer from any Chronic Ailments | YES/NO |
|---|-------------------|
| If YES give details | |
| ••••••••••••••••••••••••••••••••••••••• | •••••••••••• |
| Special needs? (If any)Y | ES/NO |
| Any other details you would like to provi | de |
| ANYOTHER | R CONTACT PERSON |
| mui officia | CONTROL LABOR |
| In case of emergency | |
| Name: | Relationship: |
| Phone No: | Physical Address: |
| Email | |
| NIeros | Deletionalin |
| Name: | Relationship: |
| Phone No: | Physical Address: |
| Email | |

GENERAL CONDITIONS FOR ACCOMMODATION BOOKING

- 1. Rooms are allocated on a first-come-first-served-basis and on a semester basis.
- 2. Hostel accommodation fee is **Ksh. 10,500 per semester**
- 3. Booking confirmations/booking to be made by payment of **full hostel accommodation fee** and must be received by the Finance and Accounts Department of the University, failure to which the University will not be able to guarantee the accommodation requested. Thereafter, balance must be paid on admission.
- 4. All applicants are required to sign a tenancy agreement for a minimum period of one (1) semester.

Declaration

- 1 I understand and accept the general conditions for booking of hostel accommodation.
- 2. I declare that the particulars in this application form are true to the best of my knowledge, and I have not willfully suppressed any material fact. Any misrepresentation or omission of information will render me ineligible for student accommodation.
- 3. I undertake to abide by the Hostel Accommodation rules and regulations and Code of Conduct.

I certify that all the information provided in this form is authentic, failure to which my application will be cancelled.

| Signature: | Date: | | |
|--|-----------------|--|--|
| FOR STUDENT AFFAIRS D | DEPARTMENT | | |
| Number | | | |
| New Continuing Applicant Resident | Check-in Date: | | |
| Total Payment: Ksh | | | |
| Authorized Signature: R | Remark: | | |
| Received By Name Hostel Warden S Checked by | iignature Date: | | |
| NameHostel Administrator Sig | nature Date: | | |
| NameDean of Students Sig | nature Date: | | |