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Office of the Registrar (Academic Affairs)

STUDENTS BIODATA FORM

The information in this form is intended to help the Office of the Registrar better understand the student. It will be used to improve the Student's Welfare while at the Institute. (It should be completed in Duplicate and written in capital/block letters or TICK where appropriate.)

STUDENT'S BIODATA FORM

1. STUDENT DETAILS

First Name: _____ Middle Name: _____ Surname: _____
(As stated in ID card)

Admission No: _____ (To be filled on admission day)

Course: _____ Department: _____

Contact Address: _____

Marital Status: _____ District of Birth _____ County: _____

Email: _____ Mobile Number: _____

K.C.S.E. Year _____ K.C.S.E Index No _____ Grade _____

K.C.P.E. Year _____ K.C.P.E Index No _____ Grade _____

Disability Status YES NO

2. NAME AND ADDRESS OF FATHER

Name: _____

Address: _____

Mobile No: _____ ID Number: _____

Occupation: _____

3. NAME AND ADDRESS OF MOTHER

Name: _____

Address: _____

Mobile No: _____ ID Number: _____

Occupation: _____

4. NAME AND ADDRESS OF GUARDIAN

Name: _____
Address: _____
Mobile No: _____ ID Number: _____
Occupation: _____

5. NAME AND ADDRESS OF NEXT OF KIN

Name: _____
Address: _____
Mobile No: _____ ID Number: _____
Occupation: _____

6. NAME AND ADDRESS OF TWO PEOPLE WHO CAN BE CONTACTED INCASE OF AN EMERGENCY.

A) Name: _____
Address: _____
Mobile No: _____ ID Number: _____
Occupation: _____

B) Name: _____
Address: _____
Mobile No: _____ ID Number: _____
Occupation: _____

I certify that the information I have provided is correct.

Signature:.....

Date:



P.O. Box 73442-00200 Nairobi, Tel: 0704 801596, 0713 693370 Email: miog@kpc.co.ke
Website: <https://miog.kpc.co.ke>

MIOG/MED/1A

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 N

Name, Address and Telephone Number of Parent/Guardian/Next of Kin.....

(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 in food or drugs?.....

Yes/No

(vii) Malaria?

Yes/No

(viii) Sexually Transmitted Disease?

Yes/No

(ix) Poliomyelitis?

Yes/No

If 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) COVID 19? 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 activity:

- Without glasses R.6/ L/6
- With glasses R6/ L/6
- (c) Hearing: Right ear Left ear
- (d) Condition of:
 Teeth Nose
- Throat
- (e) Lymphatic glands
- (f) Circulatory SystemPulse
- (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 Khan Test/VDRL
- (m) Any other observation of importance

Medical Officer:

Address: Stamp & Date

PART 111

(To be completed by the Institute Chief Medical Officer after reporting)

Special Remarks

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Is the student fit for University Education? Yes/No

Medical Officer: Date:

FOR: MORENDAT INSTITUTE OF OIL AND GAS



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Website: <https://miog.kpc.co.ke>

Office of the Deputy Director, Training, Academic and Linkages

MIOG/BOND/1

BOND

I, Registration Number
(FULL NAME)

I hereby bind myself to good conduct during my stay at Morendat Institute of Oil & Gas and to abide by all the Institute Rules and Regulations as contained in the Student Guide.

If you fail to adhere to the above, Morendat Institute of Oil & Gas will reserve the right to institute disciplinary procedures against me.

Signed Date

Signed
(Dean of Student)

Rubber Stamp