



KABETE NATIONAL POLYTECHNIC

P.O. BOX 29010 - 00625 NAIROBI. CELL: +254 790000001

info@kabetepoly.ac.ke

TRAINEE'S BOND OF GOOD CONDUCT

I, _____ Passport/National ID No _____ do understand:

1. That Kabete National Polytechnic Trainee should not compromise provisions of the Academic Policy and in particular the Rules and Regulations and Code of Conduct of Trainees; and that every trainee must be responsible for their own actions.
2. That if a trainee is involved in any form of indiscipline, they will be subjected to a disciplinary hearing and dealt with in accordance with the Disciplinary Procedure as provided in the Academic Policy of the Polytechnic.
3. That the Rules and Regulations that govern association, conduct and discipline of trainees are not designed to prohibit interaction but are meant to regulate such interactions to create order and a morally acceptable environment where the Polytechnic's core mandate of training can thrive.

I therefore promise that:

I will always uphold good behavior as prescribed in the 'Kabete National Polytechnic Trainees Handbook'.

Further:

- (a) I will conform to the dress code as prescribed for all the Polytechnic's trainees.
- (b) I will bear individual and/or collective responsibility for any/all damages and expenses incurred as a result of individual or collective disobedience, demonstration or unrest during my period of training effective from the date of my admission at the Polytechnic
- (c) I will personally bear **ALL** consequences of criminal acts that may be preferred against me by authorized agencies of the Government of the Republic of Kenya.
- (d) I will not indulge in any type of indiscipline including unauthorized assembly or association during my time as a trainee at the Polytechnic.
- (e) If disciplinary action is taken against me by the Polytechnic, I will communicate the same to my parents/guardians/sponsors promptly.

- (f) I will consistently and punctually attend all the classes and record full attendance required for eligibility to all examinations as prescribed in the Polytechnic's Academic Policy.
- (g) I will ensure that all monies owed to the Polytechnic by me are paid on time by my parent(s)/guardian and in accordance with the fees payment guidelines provided by the Polytechnic.

Having read and clearly understood the bond, I hereby, without undue influence, append my signature:

Sign: _____ Date: _____ Mobile No: _____

E-mail Address: _____

WITNESS

Parent/Guardian/Sponsor's Name: _____ Passport/National ID No: _____

Sign: _____ Date: _____ Mobile No: _____

E-mail Address: _____

-----**For Official Use Only**-----

Data verified by:

Name: _____

Signatures: _____

Confirmed by:

Name: _____

Signature: _____



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THE M.O.H

THE PRINCIPAL

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NAIROBI

MEDICAL CERTIFICATE OF FITNESS

(This form MUST be completed by a registered medical practitioner in a government hospital or Polytechnic clinic)

This is to certify that..... (trainee's name)
 invited to take (course) in your
 Polytechnic has been checked on the fitness as below:

1 Medical History		Comment/Findings
a)	Past Illnesses eg. Asthma, Epilepsy, Lupus, Hypertension, Diabetes, Heart Conditions etc.	
b)	History of Hospital Admission or Surgeries with reason for Admissions/ Surgeries	
c)	History of allergies to drugs/food	

2 Physical Examination

Blood Pressure Pulse Rate
 Temperature.....
 Vision L/R /
 Hearing (Normal/Abnormal)

3 Systemic Examination		Comment/Findings
a)	Respiratory System	
b)	Cardiovascular System Examination	
c)	Abdomen (Organomegaly, Abdominal Masses etc.)	
d)	Musculoskeletal & Neurological Examination	

4	Clinical Screening for Tuberculosis	
5	Clinical Screening for Contagious & Infectious Diseases e.g., Covid-19, Hepatitis, Influenza, Rubella	
6	Pregnancy Test (where applicable) L.M.P	
7	Any other Laboratory Test done	
8	General Observations/ Comment	

SIGNATURE & RUBBER STAMP OF REGISTERED MEDICAL PRACTITIONER

Medical Practitioner's Name: **Sign:**.....

Designation:.....

License No: **Date & Stamp:**.....

