



**COLLEGE OF NURSING AND MIDWIFERY, KATSINA
(CONAMKAT)**

Address: No. 3, Isa Kaita Road, GRA, Katsina State

**OFFICE OF THE REGISTRAR
(ACADEMIC AFFAIRS DIVISION)**

The Registrar,
College of Nursing and Midwifery,
Katsina.

ACCEPTANCE OF PROVISIONAL OFFER OF ADMISSION

I _____ do hereby accept the offer of admission to
Student's Name
read _____ in _____
Programme's Name *School's Name*
in College of Nursing and Midwifery, Katsina.

2. I further accept that this offer may be withdrawn by the College during the duration of my study, if it is discovered that I have not satisfied the entry requirement or that my entry qualification is otherwise than presented at the time of registration.

Signature of Student

Date

In presence of:

Name of Witness: _____

Address of Witness: _____

Phone Number: _____

Signature of Witness

Date



COLLEGE OF NURSING AND MIDWIFERY, KATSINA (CONAMKAT)

Address: No. 3, Isa Kaita Road, GRA, Katsina State

**OFFICE OF THE REGISTRAR
(ACADEMIC AFFAIRS DIVISION)**

LETTER OF UNDERTAKING

I _____ with Registration
Name of Student
Number _____ admitted to study _____ at
Reg. Number *Name of Programme*
_____ for _____
Name of School *session*
academic session do hereby undertake on this the _____ Day, of _____,
Day *Month*
_____, that if I fail more than 50% of the courses I registered for the FIRST
Year
SEMESTER of the _____ programme, the Academic
Name of programme
Board of the College shall withdraw my admission from the _____
Name of programme
programme.

Signature of Student

Date

DECLARATION BY PARENT/GUARDIAN

I _____ Parent/Guardian of
Name of Parent/Guardian
_____ hereby fully endorsed the above
Name of Student
undertaking/declaration given by my ward/child and I will endeavour to impress on my
ward/child to do his/her best to observe the above stated undertaking in words and
spirit.

Signature of Parent/Guardian

Date



**COLLEGE OF NURSING AND MIDWIFERY, KATSINA
(CONAMKAT)**

Address: No. 3, Isa Kaita Road, GRA, Katsina State

**OFFICE OF THE REGISTRAR
(ACADEMIC AFFAIRS DIVISION)**

The Registrar,
College of Nursing and Midwifery,
Katsina.

Dear Sir/Ma'am,

STUDENT'S GUARANTOR FORM

I _____ do hereby guarantee that
Name of Parent/Guardian

_____ of _____
Student's Name School's Name

will be of good behaviour for the period of his/her stay in the School.

2. I discussed with him/her and he/she has agreed to abide by the rules and regulations governing student conduct in the School as prerequisite to his/her admission in the College.

Signature of Parent/Guardian

Date

Full Name: _____

Occupation: _____ Relationship: _____

Address: _____

Phone Number: _____



**COLLEGE OF NURSING AND MIDWIFERY, KATSINA
(CONAMKAT)**

Address: No. 3, Isa Kaita Road, GRA, Katsina State

**OFFICE OF THE REGISTRAR
(ACADEMIC AFFAIRS DIVISION)**

IDENTITY CARD FORM

*Affix One (1)
recent passport
photograph
(With White
Background and
School Uniform)*

PERSONAL DATA

Name: _____
Firstname *Othernames*

Registration Number: _____ Programme: _____

School: _____

Expiry Date (Expected Year of Graduation): _____ Date of Birth: _____

Phone Number: _____ Gender: _____ Blood Group: _____

State of Origin: _____ LGA: _____

Student's Signature: _____

Name of Next of Kin: _____

Address of Next of Kin: _____

Phone Number of Next of Kin: _____



**COLLEGE OF NURSING AND MIDWIFERY, KATSINA
(CONAMKAT)**

Address: No. 3, Isa Kaita Road, GRA, Katsina State

**OFFICE OF THE REGISTRAR
(ACADEMIC AFFAIRS DIVISION)**

*Affix One (1)
recent passport
photograph
(With White
Background and
School Uniform)*

LIBRARY REGISTRATION FORM

PERSONAL DATA

Name: _____
Firstname *Othernames*

Registration Number: _____ Programme: _____

Department: _____ School: _____

Date of Birth: _____ Gender: _____ Marital Status: _____

Phone Number: _____ Email: _____

State of Origin: _____ LGA: _____

Home Address: _____

UNDERTAKING

I _____ solemnly pledge to abide by all rules
Student's Name
and regulations governing the Library of _____
School's Name

Student's Signature/Date

HOD's Signature/Stamp

FOR OFFICIAL USE ONLY

Library Registration/Card Number: _____

Name of Librarian

Signature/Date



COLLEGE OF NURSING AND MIDWIFERY, KATSINA (CONAMKAT)

Address: No. 3, Isa Kaita Road, GRA, Katsina State

**OFFICE OF THE REGISTRAR
(ACADEMIC AFFAIRS DIVISION)**

STUDENT'S UNDERTAKING FORM

I _____ Department of _____ of
Student's Name

_____ School's Name
solemnly and truthfully undertake that:

1. I will take active part in the affairs of the School and comply with the School Rules and Regulations that are enforced from time to time as long as I remain a student of the School.
2. I will uphold the Nursing Ethics and Etiquettes throughout the period of my training and study.
3. I will not cause any detriment to the interests, well-being or image of the School, students or staff of the School;
4. I will not cause any detriment to public order, safety or security, morality, decency or discipline whether within or outside the School campus and clinical area;
5. I will not join, associate or express sympathy to any authorized or unauthorized society, group of persons or association or cult/secret society to cause damage or disruption to the peace and property of the School or any other within or outside the School campus;
6. I will pay the prescribed fee for damages to the School, its community's and/or clinical area's property(ies) as a result of the students' unrest.
7. That I am prepared to make good use of the opportunity offered to me and the School deserves the right to withdraw me if I am not making progress.
8. The School reserves the right to withdraw my candidature or stop me from writing the Nursing and Midwifery Council of Nigeria Final Qualifying Examination if I absent myself from class and/or clinical areas and/or if I violate any of the School's rules and regulations.

I hereby acknowledge and understand that if I fail to comply with any of the above or any of the provisions in any regulations, rules or orders, of the School then subsequently an action can be taken against me according to the regulations, rules or orders, including expulsion from the School.

Signature of Student

Date

Name of Witness (Parent/Guardian)

Signature/Date



COLLEGE OF NURSING AND MIDWIFERY, KATSINA (CONAMKAT)

Address: No. 3, Isa Kaita Road, GRA, Katsina State

**OFFICE OF THE REGISTRAR
(STUDENTS' AFFAIRS DIVISION)**

HOSTEL ALLOCATION UNDERTAKING AND AGREEMENT FORM

(To be signed by Parent/Guardian of Student)

PARTICULARS OF APPLICANT

Name: _____

Reg. Number: _____ Level: _____ Session: _____

Phone Number: _____ Gender: _____ Marital Status: _____

Programme: _____ Department: _____

School: _____

Name of Hostel: _____ Room: _____

RULES & REGULATIONS GUIDING HOSTEL ALLOCATION

A. GENERAL BEHAVIOUR AND DISCIPLINE

1. School hostel accommodation is not a right to students but a privilege. Students should therefore not take it for granted that they must be provided with accommodation.
2. Only students duly registered for the session are eligible for allocation of bed space. Any student found occupying an illegal bed space or squatting at any point in time would be ejected and made to face disciplinary action.
3. Room allocation once made cannot be altered and no student given a bed space shall allow another person to share or utilize their space without the authority of the Hall Administrator or Student Affairs Officer.
4. Student is not allowed to lease, sublet or enter into any form of agreement, trading or exchange of bed-space allocated to him/her.
5. Bed space allocated to student must be occupied immediately. Any allocated bed space found unoccupied for the period of four (4) weeks from the date of allocation and without any authorized permission shall be revoked.
6. Female students that are nursing mothers are not permitted to reside with their babies in the hostel.
7. Bed, mattress and any other facility of the College where provided to student must be put into proper use for which they are meant. The College reserves the right to withdraw such facility without notice when found vandalized.
8. Any damage done to facilities provided in individual room, the entire occupants of the room shall be surcharged. This, depending on the degree of damage could lead to revoking of the room.

9. Possession, sale, distribution or consumption of alcoholic beverages, tobacco, contraband drugs, and a toxic or hazardous material is strictly forbidden in the Hostel and the School at large. Attention is particularly drawn to the penalty contained in Decree 2 of 1984 of the Federal Republic of Nigeria which attracts legal prosecution.
10. Possession, sale, distribution or use of any form of firearms, explosive devices or any harmful material is strictly forbidden in the Hostel. Violation of this provision shall attract legal prosecution.
11. Physical combat or any form of physical assault on personality is not permitted. Violation of this attracts revoking of bed space, expulsion from the School and/or court prosecution.
12. Cultism and cult related activities are strictly forbidden. Violation attracts summary dismissal from the College.
13. Parties, Social and/or Political gatherings are not permitted in the hostel.
14. Pasting of posters, bills, flyers or any form of writing or defacing the hostel is not permitted.
15. Television, radio and all other electronics brought into the hostel must be regulated. Noise level should be kept low at all times to allow others their right to comfort.
16. Students are not permitted to undertake all sort of hawking or trading in the hostel.
17. Engaging College personnel into any verbal assault is punishable by automatic loss of bed space.
18. Any activity that is not in the interest of the academic and welfare pursuit of the students is not permitted.
19. Any strange or unaccepted behavior of a room-mate must be reported to the Hall Administrator.

B. HOSTEL MAINTENANCE

1. All electrical appliances must be switched off when not in use.
2. Furniture, electronics, and all other facilities provided must not be transferred to any other location other than where they were positioned.
3. Cooking inside the room is not permitted. Students must use the kitchenettes provided each hall or any other place approved by the Hall Administrator. Violation of this provision attracts seizure of cooking utensils or revoking of bed space or both.
4. Students are responsible for keeping their rooms, common rooms, lavatories, and general environment clean and tidy at all times. Refuse must be disposed appropriately to the designated locations.
5. Washing of clothes and other materials must be done in the laundry or any place designated near the surface tanks provided outside the Hostel.
6. Bathing or defecating outside designated places is strictly forbidden. Violation attracts loss of bed-space.
7. Students residing in each hall must participate in any organized sanitation exercise.
8. The Hall Administrator reserves the right to make spot checks in the hostel without prior notice to the students. However, the right to privacy and dignity of the students should not be violated.

9. The College/School authority reserves the right to relocate student to other hostel block whenever the need arises.

C. SECURITY

1. Students are required to lock their valuables in the spaces provided in the room. The College/School does not accept any responsibility for any loss or damage to student's property within and outside the halls of residence.
2. All personal properties must be registered with the School Student Affairs Officer or hostel security before taking them into the hostel.
3. Students vacating the rooms must remove all their personal properties and hand over keys to the Hall Administrator before departing on each vacation.
4. Any student who observed his room-mate is missing for some time should report to the Hall Administrator. This is to enable the relevant authority take adequate action in case of untoward incident.
5. Students' visiting hours are between 8:00am and 8:00pm daily.
6. Male visitors (including the School students) are NOT ALLOWED into the female hostel.
7. Female visitors permitted into the hostel must check in at the Reception Desk in the Porters' lodge.
8. All authorized visitors are to be received in the hostel common room.
9. Visitors are not permitted to be accommodated into the hostel at any period of time.
10. Pets or any kind of animals are not allowed in the hostel.
11. Violation of the above provisions shall lead to surcharge; ejection from the hostel; revoking of bed space; suspension or dismissal from the College; or court prosecution or both.

DECLARATION

I _____ do hereby solemnly declare that I have read and understood all the rules and regulations listed above and will abide by them and any other regulation that may be reviewed by the College authorities.

ATTESTATION

It is in agreement with all the above conditions that I _____ Parent/Guardian of _____ with Registration No. _____ certify that my child will respect and comply with the College rules and regulations governing the allotment of accommodation. Any act of indiscipline, deviation and non-conformity or rudeness to the established rules and regulations renders the offer Null and Void.

Parent/Guardian Signature

Date

WITNESS

Name of Witness: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____



SCHOOL CLINIC

KASIMU KOFAR BAI SCHOOL OF NURSING, KATSINA COLLEGE OF NURSING AND MIDWIFERY, KATSINA (CONAMKAT) MEDICAL EXAMINATION FORM

(Tests to be carried out by the School Clinic or School's Approved Hospital)

SECTION A: PERSONAL DATA

Name of Student: _____ Age: _____

Department: _____ Programme: _____

Registration Number: _____ Gender: _____ Marital Status: _____

State of Origin: _____ LGA: _____

Home Address: _____

SECTION B: PATHOLOGY TESTS AND OTHER INFORMATION

S/N	REQUEST	RESULT
1.	Blood Group	
2.	Hb Genotype	
3.	PCV	
4.	Hepatitis	
5.	HIV	
6.	TB	
7.	Typhoid	
8.	STDs	
9.	Asthma	

TEST CARRIED OUT BY:

Name: _____ Signature/Date _____

ENDORSEMENT

School Health Officer: _____ Signature/Date _____



SCHOOL CLINIC
NANA BABAJO SCHOOL OF MIDWIFERY, MALUMFASHI
COLLEGE OF NURSING AND MIDWIFERY, KATSINA (CONAMKAT)
MEDICAL EXAMINATION FORM
(Tests to be carried out by the School Clinic or School's Approved Hospital)

SECTION A: PERSONAL DATA

Name of Student: _____ Age: _____

Department: _____ Programme: _____

Registration Number: _____ Gender: _____ Marital Status: _____

State of Origin: _____ LGA: _____

Home Address: _____

SECTION B: PATHOLOGY TESTS AND OTHER INFORMATION

S/N	REQUEST	RESULT
10.	Blood Group	
11.	Hb Genotype	
12.	PCV	
13.	Hepatitis	
14.	HIV	
15.	TB	
16.	Typhoid	
17.	STDs	
18.	Asthma	

TEST CARRIED OUT BY:

Name: _____ Signature/Date _____

ENDORSEMENT

School Health Officer: _____ Signature/Date _____