

 ZBTI ZETECH BUSINESS & TECHNICAL INSTITUTE	ZETECH BUSINESS & TECHNICAL INSTITUTE		EXAMINATIONS OFFICE	
	TITLE	ICM EXAMINATION BOOKING FORM	Reference	F-25-02
Issue /Rev			1/2	

(To be filled in clearly by the student booking and intending to sit for ICM Examinations)

FULL NAME (AS IT SHOULD APPEAR ON THE FINAL ICM CERTIFICATE AND TRANSCRIPT):

<input type="text"/>	EXAM SERIES: <input type="text"/>
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EMAIL ADDRESS: <input type="text"/>	DATE OF BIRTH: <input type="text"/>
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ZETECH ADM. NO.: <input type="text"/>	ICM STUDENT NO.: <input type="text"/>
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COURSE TITLE: <input type="text"/>

Sign: _____ Date _____ Phone No. _____ Guardian Phone No. _____

S/N	Paper Title	Unit Lecturer's Name	Lecturer's Remarks	Lecturer's Signature
1				
2				
3				
4				
5				
6				
Total Amount paid (in Kshs.)				

Head of Department: _____ Sign _____ Date & Stamp _____

Examinations Officer: _____ Sign _____ Date & Stamp _____

Branch Accountant: _____ Sign _____ Date & Stamp _____

Departmental Administrator: _____ Sign _____ Date & Stamp _____

Attach the following:

- Copy of KNEC Result slip/Certificate (**New students only**)
- Copy of ZBTI Internal Exams Result Slip(s) – For all booking ICM exams at every exam series.
- Copy of ICM Result slips(s) for the units being retaken to enable accuracy in registration
- Copy of National and ICM Membership IDs
- Soft Copy official Passport size photo in jpeg format (Both **NEW** students and those applying for membership **RENEWAL**), sent to exams@zetech.ac.ke, with name clearly captured in the email subject line, and exam series.



AUTHORIZED ON 02/05/2024

EX- F-25-02