Issue /Rev I/2	787 ZBT				
Issue /Rev I/2	ZETECH BUSNE TECHNICAL BISTI		EXAMINATIONS OFFICE		
(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): Exam Series. Cetech Adm. No. ICM Student No. ICM Student No. Student Sign: Date Phone No. Guardian Phone No. Paper Title Unit Lecturer's Name Remarks Signature Unit Lecturer's Name Total Amount paid (in Kshs.) Sign Date & Stamp Sign Date & Stamp Sign Date & Stamp Sign Date & Stamp	TITLE	ICM EXAMINATION BOOKING FORM	Reference	F-25-02	
(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): Exam Series. Cetech Adm. No. ICM Student No. ICM Student No. Course Title: Lare you having any disability? (Yes/No). If yes, indicate the nature or type of disability			Issue /Rev	1/2	
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3			Name	Remarks	
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Accountant Name: Sign Date & Stamp	2 3 4 5 6 Total Amount	paid (in Kshs.)	;nDate & S	tamp	Signature

ZETECH BUSINESS &

Attach the following:

TECHNICAL INSTITUTE

0 2 AUG 2024

P.O. Box 2768 - 00200, NBI. EXAMINATIONS DEPARTMENT

- 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

Departmental Coordinator/Administrator Name: ______ Sign ____Date & Stamp

- 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 02/08/2024