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UNIVERSITY OF KABIANGA
STUDENT'S PERSONAL DETAILS

Information provided in this Form is intended to help the Office of the Deputy Vice Chancellor, Academic and Student Affairs understand the students better. It will be used for the purposes of improving the student's welfare while at the University in to be filled in **CAPITAL LETTERS**. Attach a coloured passport size photograph taken on a **Blue background**. (**NOT FROM A "PHOTO ME" MACHINE OR A PHONE**)

1. Full Name: (Mr., Mrs., Miss) (Surname or last Name) _____

(Other Names) _____

As indicated in the KCSE Result Slip / Certificate

Admission (Registration) Number _____

National Identity Card No. (ID No.) _____ Sub County _____

County _____ Date of Birth _____

Religion _____ Nationality _____

2. Home Contact Address _____

3. Student's Tel. No. _____

4. (a) Marital Status _____

(b) Name and address of Spouse (if married) _____

(c) Spouse's Tel. No. _____

5. Full name of Father _____ Deceased/Alive

Father's Tel. No. _____ Date of Birth _____

6. Full name of Mother _____ Deceased/Alive

Mother's Tel. No. _____ Date of Birth _____

7. Guardian _____

8. (Where 5 and 6 above is not applicable) Guardian's Tel. No. _____

9. Number of brothers and sisters _____

10. Place of birth: Village/Town _____

Location _____ Name of Chief _____

Sub County _____ County _____

11. Place of Permanent Residence: Village/Town

Location _____ Name of Chief _____

Nearest Town _____ Sub-County _____ County _____

12. Give names and address of two persons who can be contacted in case of an emergency.

(a) Name _____ Relationship _____

Address & Tel. No. _____

(b) Name _____ Relationship _____

Address & Tel. No. _____

13. Name and address of School attended for 'O' Level _____

Year completed _____ Index Number _____

K.C.S.E Results (Subject and Grades)

14. Any other Institution attended and qualifications attained

15. Games/Sports: which games are you interested in?

16. Clubs, Societies and Hobbies. Which clubs, societies and hobbies are you interested in? _____

17. Do you suffer from any physical impairment? If so give details

18. Please give any information you think is useful for you to communicate to the University _____

19. How did you get to know about University of Kabianga (UoK)? [tick your answer(s)]

<input type="checkbox"/> Social Media	<input type="checkbox"/> Newspapers	<input type="checkbox"/> Radio	<input type="checkbox"/> UoK Website
<input type="checkbox"/> Alumni	<input type="checkbox"/> UoK student	<input type="checkbox"/> UoK Staff	
<input type="checkbox"/> Other (Specify) _____			

20. I certify that the information I have provided is correct.

Signature _____ **Date** _____