

Affix one of your
current passport
size photographs
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UNIVERSITY OF EMBU

STUDENT'S PERSONAL DETAILS FORM

Information provided in this form is intended to help the Office of the Deputy Vice-Chancellor, Academics Research and Extension, understand the student better. It will be used for purposes of improving the student's welfare while at the University.

Instruction: To be completed in duplicate (i.e. TWO copies) and in capital letters

1. Name:
(Surname) (First name) (Others)
2. Gender: Female Male
3. Identification(I/D)/Passport/Birth Certificate number.....
4. K.C.S.E. Index No: (Where applicable).....
5. Registration number.....
6. Date of birth
7. Religion Nationality.....
8. Contact address
- Cell phone No..... Email address
9. a) Marital status
- b) Name and address of spouse (if married)
10. Full name of father/guardian
- Telephone..... Address
11. Full name of mother/guardian
- Telephone..... Address
12. a) Occupation of father/guardian
- b) Occupation of mother
13. Full name of sponsor
- Telephone..... Address
14. Name/s of brothers and sister/s
-
-
15. Place of birth; Village/Estate

Location/Street Division

District County

16. Place of permanent residence: Village/Estate

17. District of residence
 (i.e. District at which your loan will be processed and paid)

18. Give names and addresses of two persons who can be contacted in case of an emergency

NAME	RELATIONSHIP	ADDRESS & TEL. NO.
.....
.....
.....

19. Name and address of secondary school attended

Date: From To

20. Other institutions attended and qualifications attained

21. Games/Sports: Which games do you participate or are interested in?

22. Have you represented your school in any of the following;
 Music Drama Creative arts
 Give details;

23. Clubs, Societies and Hobbies: Which clubs, societies and hobbies are you interested in?
 Please provide details of your participation.

24. Do you have any form of impairment? If yes, give details.

25. Please give any information you think is useful for the University to know in order to facilitate your comfortable stay in campus.

I certify that the information I have provided is correct.

Signature

Date

Copy to: **Head of Health Unit**