



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY
JOOUST CENTRE OF THE TECHNICAL, VOCATIONAL EDUCATION AND TRAINING
OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)**

Tel. 057-2501804
email: racademic@jooust.ac.ke

P.O. BOX 210 - 40601
BONDO

Date: _____

Our Ref:
Your Ref:

STUDENT'S PERSONAL DETAILS



Name: _____
Surname Other Names

Admission Number _____

School Admitted into _____

Course Admitted for _____

NOTE:

- (i) Complete 4 (four) copies of this form in Capital Letters. Attach to each form a **COLOURED** passport size photograph taken in one shot.
- (ii) The names appearing in this form should be the same as those with which you were registered for K.C.S.E/Official names on your certificates.
- (iii) Information provided will be used for purposes of assisting the student where ever need arises. The information therefore should be true and correct.

1. Date of Birth _____
Day Month Year

2. Gender Male Female (Tick as appropriate)

3. Marital Status: Married Single (Tick as appropriate)

4. Name and address of spouse if married.

5. Place of Birth: Village _____ Location _____
Sub-County _____ Name of Chief _____
Nearest Police Station: _____

6. Nationality: _____

7. Address for correspondence

Telephone _____ Fax _____ Email _____

8. Full names and phone number of Mother

9. Is Mother alive or deceased? _____

10. Full names and phone number of father _____

11. Is father alive or deceased? _____

12. Full names of Guardian and phone number (If either mother or father is deceased)

13. Occupation of:

(a) Mother _____

(b) Father _____

(c) Guardian is neither 1 (13a or 13b)

14. Names, addresses and phone numbers of Brother(s) and Sister(s)

15. Give names, address and telephone number of two people who can be contacted in case of emergency:

(i) Name _____ Relationship _____
Address _____ Telephone _____

(ii) Name _____ Relationship _____
Address _____ Telephone _____

16. Name, address of the last school attended, and year of Examination:

17. Index Number _____ Mean Grade _____
Year of Study _____

18. Subject	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

19. Do you suffer from any physically impairment? Yes/No
If yes give details. _____

20. Games/Sports: Which games and sports do you participate in?

- | | | | |
|-----------------|-----------------|-----------------|---------------|
| 01 Soccer | 02 Hockey | 03 Basketball | 04 Netball |
| 05 Tennis | 06 Badminton | 07 Rugby | 08 Volleyball |
| 09 Athletics | 10 Music | 11 Table Tennis | 12 Dates |
| 13 Indoor Games | 14 Martial Arts | 15 Others | |

If you represented your School, etc. in games, please give details.

21. Clubs/Societies: Which clubs and societies are you interested in? Please give details of your participation.

- a. First choice
- b. Second choice
- c. Third choice

22. Do you participate in Music? Yes/No.

If so, at what level?

- (a) School choir
- (b) Church choir
- (c) Personal level
- (d) Any other

23. Provide additional information you think is useful to the University.

I certify that the information provided here is correct.

Signature: _____ **ID/No.** _____ **Date:** _____