UoEJ1/2



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OFFICE OF DEPUTY VICE-CHANCELLOR (ASA) REGISTRAR ACADEMIC

Affix your Passport size Photo here

STUDENT'S PERSONAL DETAILS

Information provided in this Form is intended to help the office of the Registrar Academic understand the student better. It will be used for purposes of improving the student's welfare while at the University. (To be completed in quadruple (4 copies) and in capital letters. Attach a coloured passport size photograph taken on a yellow background on each form.

Note: You are required to enter through the link below the same information filled in hard copy forms. http://support.uoeld.ac.ke/admissions/

1.	Full Name:				
	(Surna	me or last Name)		(Other Names)	
2.	University Admission N	Iumber	Phone No		
3.	National ID No or Birth Certificate No. if under 18 year				
4.	ReligionNat	•			
5.	Date of Birth	Place of	Birth:		
6.	. Place of Permanent Residence: Village/Town				
7.	Location Name of Chief				
8.	Division	Sub County	County _		
9.	Nearest TownNearest Police Station				
10	. Home Contact Address				
1	1. Married	Single]		
	Name and Address of S	pouse (if married)			
	Occupation of Spouse _		_Number of Childre	n	
12	. Full Name of Father _			Deceased/Alive	
	Phone No	National ID/	Passport No		
	Occupation of Father		Date of Birth		



13. Full Name of Mother	Deceased/Alive			
Phone No	National ID/Passport No			
Occupation of Father	Date of Birth			
14. Names of Brothers and Sis	Names of Brothers and Sisters			
3	2			
5	4			
7	6			
15. Give names and address of an emergency.	of two persons who can be contacted in case of			
(e) Name	Relationship			
National ID No.:	Phone No.:			
Address:				
(f) Name	Relationship			
National ID No.:	Phone No.:			
16. Name and address of Scho	ool attended for 'O' level			
Address:				
17. K.C.S.E Results (Subjects a	K.C.S.E Results (Subjects and Grades)			
8. Any other institutions/attended and qualifications attained				
9. Which games/Sports are you interested in?				
20. Which clubs/societies/hob	. Which clubs/societies/hobbies are you interested in?			
21. Do you suffer from any pl	nysical impairment? If so give details			
•	n you think is useful for you to communicate to the			
I certify that the information	I have provided is correct.			
Signature	Date			

