



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY
OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)**

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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)

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:** _____