

Tel: 254-057351622, 351620,351008,
Fax: 254-057-351221
Mobile No.: 0722203411
E-mail: reg.asa@maseno.ac.ke or admissions@maseno.ac.ke

STUDENTS PERSONAL DETAILS

NAME _____ ADM.NO. _____
SURNAME OTHER NAMES

SCHOOL ADMITTED INTO

PROGRAMME ADMITTED FOR

- i. Complete 4 (four) of this form in Capital letters. Attach to each form a black and white passport size photograph taken in one shot (NOT FROM A 'PHOTO ME' MACHINE).
- ii. The names appearing in this form should be the same as those with which you were registered for K.S.C.E./ official names on your other certificates.
- iii. Information provided will be used for purposes of assisting the student whenever need arises. The information therefore should be true and correct

1. Date of Birth _____ / _____ / _____
Day Month Year

2. Gender: Male ☐ Female ☐ (Tick whichever is appropriate)

3. Marital Status Married ☐ Single ☐ (Tick whichever is appropriate)

4. Name and address of spouse if married _____

5. Place of Birth: Village _____ Location _____ County _____
Name of Chief _____ District _____
Nearest Police Station _____
6. Nationality _____ Religion _____
7. Address for Correspondence _____

Telephone _____ Fax _____ E-mail _____
8. Full Names of Mother _____
9. Is mother alive or deceased? _____
10. Full Names of Father _____
11. Is Father alive or deceased? _____
12. Full names of Guardian (If neither 8 nor 10) _____
13. Occupation of (a) Mother _____
(b) Father _____
(c) Guardian (is neither 13a nor 13b)
14. Names and Addresses of Brother(s) and Sisters(s)

15. Give Names, Addresses and Telephone Numbers of two people who can be contacted in case of Emergency.

i. Name _____ Relationship _____
 Address _____ Telephone _____

ii. Name _____ Relationship _____
 Address _____ Telephone _____

16. Name and Address of last school attended. _____

17. Index Number _____ Mean Grade _____

18. **Subject** **Grade**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

20. Please provide any further information that you think is useful to the university _____

I certify that the information I have provided is correct:

Signature _____ Date _____

Please make a Photocopy of this form and fill in quadruplicate (Fill in 4 copies)