F-1-35-02

MERU UNIVERSITY OF SCIENCE & TECHNOLOGY

P.O. Box 972-60200 Meru-Kenya
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+254 725 330826, +254 752 839270, +254 736 229094, 254 725 330827

STUDENT PERSONAL DETAILS

Information in this form is intended to help the office of the Registrar (ARS) understand the student better. It will be used for purposes of improving welfare while at the University. (To be completed in TWO copies and in capital Letters) One copy to be retained by the Candidate.

1. Full Name (Mr/Mrs/Miss) Surname First Name Initial/Other
2. National Registration Number (ID)
3. University Registration Number

Year of study First second third

4. Date of Birth Date Month Year
5. Religion 1. Protestant 2. Catholic 3. Muslim 4. Any other

Do you require a Government loan? YES No

6. Nationality 1. Kenyan 2. Non Kenyan Specify Country……
7. Mobile Number : _____
8. Home Contact Address (where you can be contacted during vacation)

P.O. Box Town Code C/o

9. a) Marital status 1. Single 2 ☐ Married ☐

b) Name and Address of spouse (If married)

Surname First Name

Other Initials P.O. Box (Address) Code Town

Telephone (Landline) Mobile Phone Number Email Address

Full Name of Parent/Guardian

Surname First Name Other Initials

10. Address of Parent/Guardian

P.O. Box (Address) Code Town

Telephone (Landline) Mobile Phone E-mail Address

11 Occupation of Parent/Guardian……

ID No.

12 a) Name of the Next of Kin

Surname First Name

Other/Initial ID No.

b) Address of the Next of Kin

Telephone (Landline) Mobile E-mail Address

13. Place of Birth: Village _____

Location: _____Name of Chief_____

Division _____District: _____County_____

14. Place of Permanent Residence: Village: _____Name of Assistance Chief _____

Nearest Town_____ Location: _____Name of Chief_____

Division_____ District: _____County:_____

15. Give Name and Addresses of two persons who can be contacted in case of emergency

Relationship P.O. Box (Address) Code Town

Telephone (landline) Mobile E-mail Address

ii) Name

Surname First Name Initials

Relationship P.O. Box (Address) Code Town

Telephone (landline) Mobile E-mail Address

16. Name and Address of secondary School attended

a) Name

b) Address

P.O. Box Town

Dates From To

17. KCE / KCSE or equivalent results (Subjects & Grades)

Mean Score/Division (where applicable)

18. Any other Institution attended and qualifications attained

a) Name of Institution (You may use abbreviations)

b) Qualifications 1. Diploma 2. Certificate 3. Specify Field_____

_____

I certify that the information I have provided is correct

Signature_____ Date: _____