



MERU UNIVERSITY OF SCIENCE AND TECHNOLOGY

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Website: www.must.ac.ke Email: registrars@must.ac.ke, admission@must.ac.ke

STUDENT PERSONAL DETAILS

(To be completed in TWO copies and in capital Letters) One copy to be retained by the Candidate)

1. Full Name

Surname Name

First Name

Middle Name

2. University Registration Number

Year of study: First Second Third

3. Date of Birth; Date Month Year

4. Religion: Protestant Catholic Muslim Any other

5. Nationality; 1. Kenyan 2. Non Kenyan Specify Country.....

6. National Registration Number (ID) or birth Certificate no./Passport No (for non-Kenyan):

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7. Student Mobile Number: EMAIL:

8. Home Contact Address (where you can be contacted during vacation)

P.O. Box Town Code C/o

9. Name and Address of Parent/Guardian

Full Name

Surname Name

First Name

Middle Name

Contact Address;

P.O. Box Town Postal Code

Telephone (Landline) Mobile Phone E-mail Address

10. Occupation of Parent/Guardian..... ID No.

11. Name and Address of the next of kin;

Full Name
Surname Name First Name Middle Name

Contact Address;

P.O. Box Town Postal Code

Telephone (Landline) Mobile Phone E-mail Address

12. Place of Birth: Village _____

Location: _____ Name of Chief _____

Division _____ Sub County _____

County _____ Ethnicity group: _____

13. Current Residence: Village: _____ Name of Assistance Chief _____

Nearest Town _____ Location: _____ Name of Chief _____

Division _____ District: _____ County: _____

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

i) Full Name
Surname Name First Name Middle Name

Contact Address;

P.O. Box Town Postal Code

Telephone (Landline) Mobile Phone E-mail Address

ii) Full Name
Surname Name First Name Middle Name

Contact Address;

P.O. Box Town Postal Code

Telephone (Landline) Mobile Phone E-mail Address

15. KCSE INDEX NO. _____

KCE/KCSE or equivalent results (Subjects & Grades)

Mean Score/Division (where applicable)

16. Name and Address of primary School attended;

Name _____

Address;

P.O. Box Town Postal Code

Duration: Dates From: To:

Marks attained (where applicable)

17. Any other Institution attended and qualifications attained

a) Name of Institution

b) Qualifications: 1. Diploma 2. Certificate 3. Others (Specify Field) _____

I certify that the information I have provided is correct

Signature _____ Date: _____