

Serial No.



DeKUTSO@gmail.com

**DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY
STUDENTS ORGANIZATION
P.O BOX 657-10100 NYERI
STUDENTS' WELFARE OFFICE**

FORM A

BENEVOLENT FUND ALLOCATION FORM

DATE OF ISSUE.....

1. The applicant **MUST** provide relevant information to the best of his knowledge.
2. This form is to be filled by students who loss;
 - a. Parent(s) (as provided in the student's record) through death,
 - b. Guardian (as provided in the student's record), through death, who is assumed to play roles equal to those of a parent to the said student.
3. This form **MUST** be picked within **TWO** months, when the student is in session, after the demise of parent(s)/guardian. Late applications may not be considered.
4. Provision of **FALSE/MISLEADING** information may lead to disqualification.
5. Duly completed forms should be submitted to the Dean of Students office, within 3 weeks after picking of the form, for forwarding to the Welfare Fund Committee for processing.

PART A: STUDENT PERSONAL DETAILS

1. FULL NAME:
- SEX: MALE FEMALE
2. REGISTRATION NO:.....(Attach copy of student ID)

NATIONAL ID NO: (Attach copy of national ID)

3. FACULTY: YEAR OF STUDY
- DEPARTMENT: SEMESTER
4. COUNTY: CONSTITUENCY:
- LOCATION: SUB-LOCATION:
5. MOBILE PHONE NO: E-MAIL ADD.:

PART B: DETAILS OF THE DECEASED

1. FULL NAME:ID NO:(attach copy of ID)
2. DATE OF DEMISE: (Attach copy of burial permit/death certificate)
3. RELATIONSHIP OF STUDENT TO THE DECEASED (Tick where appropriate)

FATHER/ MOTHER: GUARDIAN:

IF GUARDIAN, SPECIFY

PART C: OTHER DETAILS

1. GIVE THE NAMES AND CONTACTS OF EITHER CLERGYMEN, CHIEF OR SUB-CHIEF TO WHOM REFERENCE CAN BE MADE;

- I. NAME: PHONE NO:
- DESIGNATION:
- II. NAME: PHONE NO:
- DESIGNATION:

2. BRIEFLY PROVIDE ANY OTHER RELEVANT INFORMATION

.....

.....

.....

.....

PART E: FOR OFFICIAL USE ONLY

Recommended/ NOT recommended for Benevolent Fund Award

Amount awarded

Ksh.....

Comments:

.....
.....
.....

.....
Chairperson's Name **Signature** **Date/Rubber stamp**

.....
Secretary's Name **Signature** **Date**

N/B:

- Original copy to be filed by the Student's Welfare Committee.
- A copy to be filed with the Deputy Vice Chancellor Academic Affairs.
- A copy to be filed by the Dean of Students.