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DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY
OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS & RESEARCH

PRIVATE BAG, DEDAN KIMATHI
TELEPHONE: 0713-835-965 EMAIL: registraraa@dkut.ac.ke

Student Personal Details (Page: 1 of 5)

Document No: DeKUT/AA/APJ&APS/FORM 3/5

2018/2019 Academic Year

SECTION I: STUDENT BIO DATA

Information in this Form is intended to help the University Management to understand the student better. It will be used for purposes of improving the student's welfare while at the University.

(To be completed in CAPITAL letters)

1. First Name Middle Name Surname /Last Name

.....

2. National ID/Passport No: Phone Number:.....

(Attach copy of ID/Passport if above 18 years or copy of birth certificate if you are under 18 years old)

3. Date of Birth:
Date Month Year

4. Gender: Male Female

5. Do you suffer from any physical impairment(s)? If so, give details. Yes No

.....
.....

6. Nationality: Kenyan Non-Kenyan

7. Religion: Christian Muslim Others

8(a) Marital Status: Single Married

(b) Name and Address of Spouse (if applicable)

.....
First Name Middle Name Surname /Last Name

.....
P.O. Box Code Town

.....
Mobile phone

.....
E-mail Address

9. Home Contact address (where you can be contacted during vacations)

.....
P. O. Box

.....
Code

.....
Town

.....
Cell Phone.....

.....
E-Mail Address.....

10. Place of Birth: Village..... Location.....

Name of Chief..... Division.....

District..... County.....

11. Name of Parent/Guardian:

.....
First Name

.....
Middle Name

.....
Surname/Last Name

12. i) Address of Parent/Guardian:

.....
P.O. Box

.....
Code

.....
Town

.....
Mobile Phone

.....
E-mail address

ii) Occupation of Parent/Guardian:

13. Sponsor (Tick) Government Sponsored

Self Sponsored

Others.....

14. Give names and addresses of two persons who can be contacted in case of emergency

(i)

.....
First Name

.....
Middle Name

.....
Surname/Last Name

.....
Relationship

.....
P.O. Box

.....
Town

.....
Mobile

.....
E-mail address

(ii)

.....
First Name

.....
Middle Name

.....
Surname/Last Name

.....
Relationship

.....
P.O. Box

.....
Town

.....
Mobile

.....
E-mail address

15. Name and address of Secondary School attended for KCE/KCSE

Name.....

Address.....

Dates attended: From..... To

KCE/KCSE or equivalent results (Subjects & Grades)

.....
.....

Mean Score/Division (where applicable)Index Number:.....
(Kindly attach certified copy of KCE/KCSE Certificate/Result Slip)

KACE results where applicable (subjects and grades)

.....
.....

16. University/College details (where applicable)

Name of University/College attended:.....

Address

P.O. Box

Code

Town

Dates attended: From..... To.....

17. Any other Institutions attended and qualifications attained

Name of Institution(s).....

Qualifications: Certificate Diploma Degree Masters

(Kindly attach certified copies of certificates and transcripts)

18. a) Games/Sports: Which games and sports do you participate in?

.....
.....

b) If you ever represented your Institution, Region or Nation in sports or games. Please give details.

.....
.....

Clubs and Societies: Which clubs and societies are you interested in?

.....
.....

SECTION II: ACADEMIC PROGRAMME DETAILS

- 1. Name of Programme admitted to at the University.....
- 2. Registration Number.....
- 3. Department admitted to.....
- 4. School/Institute admitted to.....
- 5. Campus admitted to.....
- 6. Year of Study I II III

SECTION III: PROGRAMME ACCEPTANCE

a) TO BE COMPLETED BY THOSE ACCEPTING THE PROGRAMME/OFFER

I accept the Offer/Programme I don't accept the Offer/Programme
 I..... of Registration No..... on this
 Day.....Month.....Year..... declare that **I DO ACCEPT** the offer and I promise to abide
 by the Rules and Regulations governing the Conduct and Discipline of Students of Dedan Kimathi
 University of Technology. I hereby undertake to complete the programme for which I have been
 admitted at Dedan Kimathi University of Technology unless I am discontinued by the University Senate.
 I understand that changing the Programme will be permitted only by the approval of the University.

Student's Signature:..... **Date of Signature:**.....

b) TO BE COMPLETED BY THOSE DECLINING THE PROGRAMME/OFFER

Note: If you are not accepting this offer, please complete and return Section III (b) of this form.

I.....of Registration No.....on this
 Day.....Month.....Year..... declare that **I DO NOT ACCEPT** the offer because of the
 following reasons:

.....

Student's Signature:..... **Date of Signature:**.....

SECTION IV: STUDENT RULES & REGULATIONS DECLARATION

I Reg. No of

School/Institute ofDepartment of

.....on the Day.....MonthYear.....declare that,

I have read and understood the **Regulations Governing the Conduct and Discipline of Students** of the Dedan Kimathi University of Technology and I further **PROMISE TO ABIDE** by the **Regulations** as spelt out in the **Student Rules and Regulations** document available at the University Website at **www. http://www.dkut.ac.ke.**

Signature:.....

Date of Signature:.....

SECTION V: DECLARATION

I declare that the information I have provided in these forms is correct to the best of my knowledge.

Signature:.....

Date of Signature:.....