

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)

Keep safe: Wear Mask, wash hands with water and soap or sanitize and keep social distance