



GODOMA TECHNICAL TRAINING INSTITUTE

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KILIFI



STUDENT'S PERSONAL DETAILS

Information in this form is intended to help the office of the Registrar (AA) understand the student better. It will be used for purposes of improving the students' welfare while at The Institution.

(To be completed in THREE copies and in **CAPITAL** letters) *One copy to be retained by the candidate.*

Basic Information

1. **Student** (*Attach Copy of ID, Birth Certificate*)

Full name (*Mr/Mrs/Miss*) _____

ID Number _____ Adm. No. _____

Date of Birth _____/_____/_____ Gender: Male Female

Birth Certificate Number _____ Birth Certificate Entry No. _____

Religion: Protestant Catholic Muslim

Postal Address _____

Mobile No. _____ Email _____

2. **Sponsorship** (*Attach proof of sponsorship*)

(a) KUCCPS (b) Self/Parents/Guardian (c) NYS

(d) Others Specify _____

3. **Parent/Guardian** (*Attach Copy of ID*)

Father (b) Mother (c) Guardian

Full Name _____

Postal Address _____

Mobile No. _____ Email _____

4. **Next of Kin** (*Attach Copy of ID*)

Full Name _____ Relationship _____

Postal Address _____ ID No. _____

Mobile No. _____ Email _____

5. Home Address

Place of Birth: Village _____ Location _____

Division _____ District _____ County _____

Full Name of Chief/Assistance Chief _____

6. Educational Background

a. Primary Education (KCPE) (Attach KCPE Certificate)

Name of School Attended _____ Grade Attained _____

Full Index Number _____ Year of Completion _____

b. Secondary Education (KCSE) (Attach KCSE Certificate/Result Slip)

Name of School Attended _____ Grade Attained _____

Full Index Number _____ Year of Completion _____

c. Others (Attach Certificates, Results Slip/Transcripts)

Name of Qualification (E.g. Craft in Electrical Engineering) _____

Name of School Attended _____ Grade Attained _____

Registration Number _____ Year of Completion _____

Name of Qualification (E.g. Craft in Electrical Engineering) _____

Name of School Attended _____ Grade Attained _____

Registration Number _____ Year of Completion _____

7. Games/Sports: Which games and Sports do you participate in?

Soccer Hockey Basketball Netball Rugby Volleyball

Athletics Table Tennis Darts _____

8. **Clubs and societies:** Which clubs and societies are you interested in?

a. First choice _____

b. Second choice _____

c. Third choice _____

9. Do you suffer from any physical impairment? If so give details

No Yes

I _____ certify that the information I have provided is correct.

Signature _____ Date _____