



KAMUKUNJI TECHNICAL AND VOCATIONAL COLLEGE
P.O.BOX 1626-00600 NAIROBI
MOBILE NUMBER: 0110 099 913
Email: info@kamukunjitvc.ac.ke



OFFICE OF THE REGISTRAR

TRAINEE'S PERSONAL DETAILS

SECTION I: TRAINEE'S PERSONAL DETAILS

Full name _____

KCSE Index: _____ YEAR: _____ GRADE _____

KCPE Index: _____ YEAR: _____ MARKS _____

BIRTH ENTRY NO: _____ BIRTH CERT NO: _____

Gender: _____ Date of birth: _____ Marital Status: _____

ID NO: _____ Mobile No: _____

PO BOX: _____ Postal Code: _____ Email Address: _____

County: _____ Sub County: _____

Constituency: _____ Division: _____

Location: _____ Sub-location: _____ Estate/Village _____

Any disability:(YES/NO) _____ if yes (Mild/Severe) _____

Specify: _____

SECTION II: FAMILY DETAILS

Father's name: _____

ID NO: _____ MOBILE NO: _____

Occupation: _____

Other source of income: _____

Is father alive?(YES/NO) _____ (If no, attach evidence of death)

Mother's name: _____

ID NO: _____ Mobile NO: _____

Occupation: _____ Other source of income: _____

Is mother alive? (YES/NO) _____ (If no, attach evidence of Death)

Guardian's name: _____ ID NO: _____

Mobile NO: _____ Occupation: _____

ANY OTHER CONTACT PERSON

Name: _____

Relationship: _____

Mobile NO: _____

Occupation: _____

SECTION III: COURSE DETAILS

Course: _____

Duration: _____ Level: _____

SECTION IV: TRAINEE'S DECLARATION.

I confirm that the information is true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification.

Signature: _____ Date: _____

Name: _____



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