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Affix
passport
size photo

**OFFICE OF THE REGISTRAR
(ACADEMIC AFFAIR)**

STUDENT'S PERSONAL DETAILS

(To be completed in triplicate and in capital letters.)

This form MUST be duly filled in and signed. Please note that incomplete forms will not be processed. Indicate N/A where Not Applicable.

1. Full name (AS IT APPEARS ON YOUR NATIONAL ID OR BIRTH CERTIFICATE)

.....
First Name

.....
Middle Name

.....
LastName/Surname

2. Date of Birth (DD/MM/YYYY)..... 3. Sex

4. National ID No..... Birth Certificate No.....

5. University Registration Number:

Year of Study: Programme of Study

6. Nationality:

Ethnicity (if Kenyan):..... Country:

County

7. Religion: 8. Marital Status.....

9. Name and Address of Spouse (if married):

Address Mobile No.....

10. (a) Home Contact Address:

(b) Former School Contact Address: Email.....

11. Full Name of Mother: Alive Deceased

Tel. No..... Occupation

12. Full Name of Father: Alive Deceased

Tel. No..... Occupation.....

13. Full Name of Guardian (if 11 & 12 are not applicable):

Tel. No Occupation.....

14. Names of Brother(s), Sister(s) and Contacts. Attach additional sheet of paper for extra names (if necessary):

Name	Brother/Sister	Contact



15. Name of Next of KinTel. No.....

16. Permanent Residence:

Village

Nearest Town: Location:

Name of Assistant Chief:Tel. No.....

Name of Chief: Tel No.....

Chief's Signature:Official Stamp:

Assistant County Commissioner Signature:

Date:Official Stamp:

Deputy County Commissioner Signature:.....

Date:Official Stamp:

17. Place of Birth: (if different from 16 above)

Village:Name of Chief:

Location:Sub-Location:

Division County:

18. Declaration by the student

The information provided above is true and correct to the best of my knowledge.

Signature of student.....Date.....

FOR OFFICIAL USE ONLY

Name of Registrar (AA):

Comments (if any).....

Information has been entered into the ERP Sytem on
Date

Signature: Date:

Official Stamp:

