

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form		Ref No.: TUM/Form/RAA/010
	Title: STUDENTS PERSONAL DETAILS FORM		
	Department: REGISTRAR ACADEMIC AFFAIRS		
	Issue No. 2	Revision No. 0	Date: 5th April 2018

(To be completed in **Duplicate** and in capital letters). One copy to be retained by the Candidate.

1. Full Name
 (Mr./Mrs./Miss) Surname First Name Middle Name.
 University Registration Number.....
 Course Applied:
 Faculty of:
 Department:
 Transcript No..... Index No.....

2. Date of Birth: Gender.....
 NationalityPassport/ID No
 Contact Address. P. O. Box Town Code.
 County/District..... Location
 Marital Status..... Phone No.....
 Email Address..... Other

3. Next of Kin's Names.....
 Address for Next of Kin..... Town
 Phone No..... Email:

4. Persons to be contacted in case of Emergency:

a. Names..... Phone No.....
 P. O. Box..... Town..... Code

b. Names..... Phone No.....
 P. O. Box Town Code.....



5. Educational Training/Secondary School

INSTITUTION ATTENDED	DATES From (year) To (year)	QUALIFICATION

6. Other Academic or Professional Qualification

(Start with Current)	DATES		Overall Grade
	From (month/year)	To (Month/year)	

7 a) Provide order of your names the way you would like them to appear in your final Certificate and Transcript.

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Surname First Name Middle Name

b) **NB:** ALL your official documents including Student ID, Transcripts, Certificates and Examination Cards will have your names written in this order.

Any change of name after filling this form shall attract a penalty of fees as indicated in the Student Handbook

I certify that the information I have provided is correct.

Student's Signature: Date: