



SEDNEY INSTITUTE OF TECHNICAL & VOCATIONAL TRAINING

P.O BOX 131-00518 NAIROBI TEL:+254114849701.registrar@sedneyinstitute.ac.ke

PERSONAL DATA SHEET FORM

Date of admission.....Adm. No:.....

PART I PERSONAL INFORMATION

Fullname.....Course.....
Department.....

Gender:.....Date of birth.....Marital status:.....

National ID No/Passport No.....

PO Box.....Phone no.....Email.....

County:.....Sub County:.....Location:.....

Sub location:.....Village:.....Religion:.....

Highest level of education/training:.....Grade attained:.....

Year completed:.....Exam index No.:.....

PO Box:.....Postal Code:.....Town:.....

Any disability:(YES/NO):.....If yes(MILD/SEVERE).....

Specify.....

PART II: FAMILY

Father's name:.....

ID No:.....Cell phone:.....

Occupation:.....PO Box:.....

Is your father alive(YES/NO).....(if no attach evidence of death)

Mother's name:.....

ID No:.....Cell phone:.....

Occupation:.....PO Box:.....

Is your mother alive(YES/NO).....(if no attach evidence of death)

Guardian's name:.....

ID No:.....Cell phone:.....

Occupation:.....PO Box:.....

PARTVII:DECLARATION

I.....agree to abide by all rules and regulation of the institution.
Student sign.....Date.....

PARTIV: OFFICIAL USE

Original certificate checked by.....

Sign:.....Date.....

Stamp.....

Remarks:.....
.....
.....