

TRAINEES' BIODATA FORM

NameTel		
Date of birth Province/Region		
CountyConstituency		
Location Nearest Police Station		
Sub-locationVillage/Estate		
a) Marital statusb) Name and address of the spouse (if married)		
Father's NameID No		
Deceased or Alive Occupation		
Address Phone No		
Mother's Name ID No		
Deceased or Alive Occupation		
Address Phone No		
Name(s) of brother(s) Sister(s); state whether working or in school/college		
Nameworking/college/school		
Guarantee to pay fees (if not parents, state relationship and occupation)		
NameRelationshipAddress		
TelSignature		

. . . .

Give names and contact information of two persons who can be contacted in case of emergencies

Names	Relationship	Phone No.
1		
2		
3		•••••
Any other Institution attended and quality	fication attained	
Which games/sports are you interested i	n?	
Which club /societies are you interested	in?	
Do you suffer from any impairment? If s	so, give details	
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Please give any other information you think is useful for you to communicate to the college.

The parent/ guardian/sponsor will offset the expenses incurred upon admission in any hospital

DECLARATION

My consent is per the purposes listed above in all forms and media including composite or modified representations and waive the right inspect or approve versions of my image used for publication or the written copy that may be used in connection with the images.

Signed	Date
Witnessed by parent/Guardian	Date