KARUMOTECHNICAL
TRAINING INSTITUTE

## TRAINEES' BIODATA FORM



Give names and contact information of two persons who can be contacted in case of emergencies
Names Relationship Phone No.

1. $\qquad$
$\qquad$
$\qquad$
2. $\qquad$
$\qquad$
3. $\qquad$
$\qquad$
Any other Institution attended and qualification attained $\qquad$
Which games/sports are you interested in? $\qquad$
Which club /societies are you interested in? $\qquad$
Do you suffer from any impairment? If so, give details

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

I. $\qquad$ ID NO. $\qquad$ Declare that I will abide by the rules \& regulations governing the institution, conduct and discipline of the students at Karumo Technical Training Institute. I also grant Karumo Technical Training Institute, the right to use my name and/or image(s)/ Video(s) for reporting, marketing, publishing and any activity geared towards promoting the TVET sector.

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 $\qquad$ Date $\qquad$
Witnessed by parent/Guardian
Date $\qquad$

