



## BUTERE TECHNICAL TRAINING INSTITUTE

P.O BOX, 90-50101, Butere- Kakamega

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### STUDENTS' PERSONAL DATA SHEET FORM

Date: ..... Admission /Ref. No.....

#### **PART I: PERSONAL INFORMATION**

Full Name.....

Department.....Course.....

Gender.....Date of Birth.....Marital Status.....

National ID No. /Passport No.....

Phone.....Postal Address.....Email.....

County.....Sub-county.....Location.....

Sub-Location.....Village.....Religion.....

Highest Level of Education/Training.....Grade attained.....

Year Completed.....Exam Index No. ....

P.O BOX.....Postal Code.....Town.....

**ANY disability?** (YES/NO).....If yes (MILD/SEVERE).....

Specify it here.....

#### **PART II: FAMILY**

Father's Name.....ID No.....Phone.....

Occupation.....P.O Box.....

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

Mother's Name.....ID No.....Phone.....

Occupation.....P.O Box.....

Is your Mother alive (YES/NO)..... (If no attach evidence of death)

Guardian's Name.....ID No.....Phone.....

Occupation.....P.O Box.....

**PART VII: DECLARATION**

I.....agree to abide by all rules and regulations of the College.

Student Sign.....Date.....

**PART V: OFFICIAL USE**

Original Certificate Checked By.....

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

Stamp.....

Remarks.....  
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