BUTERE TECHNICAL TRAINING INSTITUTE

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

Email: info@buteretvc.ac.ke, Website: www.buteretvc.ac.ke, Mobile: 0759448275

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)……Please Specify……

MILD/SEVERE……

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……
……
……..