



THE KISII NATIONAL POLYTECHNIC

Tel: 0700152177 / 0752031300

Email: info@kisiipoly.ac.ke

Website: www.kisiipoly.ac.ke

P.O. Box 222 - 40200

Tel: 058-20319558

KISII - KENYA



Ref No: KNP/IMS/REG/F001

STUDENT'S INFORMATION DATA FORM

SECTION A

ADMISSION NUMBER.....

PERSONAL DETAILS

Student's full name (use block letters)

Sir Name

Middle Name

First Name

Student's Email Address (**Must**).....

National ID No..... Date of Birth.....

Gender..... Marital Status..... Tel. No.....

Home County Sub County..... District of Birth.....

Home Constituency.....

Last School/Institution Attended.....

KCPE Index Number/Year

KCSE Index Number/Year

Home Address.....

Nearest Market.....

Area Chief: Sub Chief:

Contact Address:

SPONSOR/PARENT/GUARDIAN DETAILS

Full Names.....

Tel No..... Address

Relationship.....



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In case of anything who should be contacted?

Name.....Tel. No.....

Relationship.....

Name.....Tel. No.....

Relationship.....

SECTION B

OTHER INFORMATION

Tick the Most Appropriate Category Which You Belong.

Total Orphan ☐

Partial Orphan ☐

Are You Presently Employed (Tick Appropriately) Yes ☐ No ☐

Name of Employer:

Address:

Which are your hobbies/extracurricular activities?

.....

Special Needs Yes/No. If yes, please specify the type of challenge.

.....

(Please attach Disability Card)

SECTION C

DECLARATION

1 (Names): ID NO:

I do declare that the information given above is true to the best of my knowledge

SIGNED.....DATE.....

SECTION D

Note; The College will not be held responsible for any fraudulent information presented.

REGISTRY STAMP AND SIGNATURE