

RIAMO TECHNICAL AND VOCATIONAL COLLEGE

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P.O. Box 2656 – 40200
KISII

RTVC/REG/F005

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 CountySub County.....District of Birth.....

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.....

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 (Blind, Deaf, Physically challenged, etc.)

.....

(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