



FORM: CMTC/B

Student passport size  
photo**PART A: STUDENTS DETAILS INFORMATION**

Information provided in this Form is intended to help the office of the Academic Registrar understand the student better and take care of his/her welfare (To be completed in quadruple **(2 copies)** and **in capital letters**. Attach a coloured passport size photograph taken on a **white background** on each form.

**Note: You are required to enter through the link below the same information filled in hard copy forms.**

1. Full Name: \_\_\_\_\_  
(Surname or last Name) (Other Names)
2. College Admission Number \_\_\_\_\_ Phone No. \_\_\_\_\_
3. National ID No. \_\_\_\_\_ Passport No. \_\_\_\_\_  
or **Birth Certificate No. if under 18 years** \_\_\_\_\_
4. Religion \_\_\_\_\_ Nationality \_\_\_\_\_ Ethnic Background \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_
6. Place of Permanent Residence: Village/Town \_\_\_\_\_
7. Location \_\_\_\_\_ Name of Chief \_\_\_\_\_
8. Division \_\_\_\_\_ Sub County \_\_\_\_\_ County \_\_\_\_\_
9. Nearest Town \_\_\_\_\_ Nearest Police Station \_\_\_\_\_
10. Home Contact Address \_\_\_\_\_
11. Married ☐ Single ☐

Name and Address of Spouse (if married)  
\_\_\_\_\_

Occupation of Spouse \_\_\_\_\_ Number of Children \_\_\_\_\_

12. Full Name of Father \_\_\_\_\_ Deceased/ Alive

Phone No. \_\_\_\_\_ National ID/Passport No. \_\_\_\_\_

Occupation of Father \_\_\_\_\_ Date of Birth \_\_\_\_\_



13. Full Name of Mother \_\_\_\_\_ Deceased/ Alive  
Phone No. \_\_\_\_\_ National ID/Passport No. \_\_\_\_\_  
Occupation of Father \_\_\_\_\_ Date of Birth \_\_\_\_\_
14. Names of Brothers and Sisters  
3. \_\_\_\_\_ 2. \_\_\_\_\_  
5. \_\_\_\_\_ 4. \_\_\_\_\_  
7. \_\_\_\_\_ 6. \_\_\_\_\_
15. Give names and address of two persons who can be contacted in case of an emergency.  
(e) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
National ID No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
(f) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
National ID No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_
16. Name and address of School attended for 'O' level \_\_\_\_\_  
Address: \_\_\_\_\_
17. K.C.S.E Results (Subjects and Grades)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Index Number \_\_\_\_\_
18. Any other institutions/attended and qualifications attained  
\_\_\_\_\_
19. Which games/Sports are you interested in? \_\_\_\_\_
20. Which clubs/societies/hobbies are you interested in? \_\_\_\_\_
21. Do you suffer from any physical impairment? If so give details  
\_\_\_\_\_
22. Please give any information you think is useful for you to communicate to the College . \_\_\_\_\_

## **PART B**

### **Form 3: Sponsorship and Incase of self-sponsored, ignore this form**

This form to be completed by the parent/guardian/sponsor who is responsible for the payment of fees.

Name of the student.....

Course .....

Name of the Sponsor/Guardian.....

Relationship with student.....

CMTC



Phone number, physical address, email address.....

.....

I / we are prepared to sponsor the above-named student for their course of study.

Signature of sponsor.....Date.....

I certify that the information I have provided is correct.

Signature\_\_\_\_\_Date\_\_\_\_\_