



THE SIGALAGALA NATIONAL POLYTECHNIC
P.O BOX 2966-50100 KAKAMEGA. MOBILE: 0793600519. registrar@sigalagalopoly.ac.ke

PERSONAL DATA SHEET FORM

Date of admission Adm. No:

PART I PERSONAL INFORMATION

Full name.....

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

Gender:.....Date of birth..... Marital status:.....

National ID No/Passport No.....

Attach recent
Passport

Photo here

P O Box..... Phone no.....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

PART II: FAMILY

Father's name:.....

ID No:.....Cell phone:.....

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

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

Mother's name:.....

ID No:.....Cell phone:.....

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

Is your mother alive (YES/NO).....(if no attach evidence of death)

Guardian's name:.....

ID No:.....Cell phone:.....

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

PART VII: DECLARATION

I agree to abide by all rules and regulation of the

Polytechnic. Student sign.....Date.....

PART V: OFFICIAL USE

Original certificate checked by.....

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

Stamp.....

Remarks:.....