

CHUKA



UNIVERSITY

PERSONAL DATA FORM

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STRICTLY PRIVATE AND CONFIDENTIAL

Disclaimer: The University assumes no responsibility or liability for any errors or omissions in the information provided by the staff member in this form.

- A. Full Name.....Gender.....
B. Designation..... Date of Employment...../...../.....
C. PF. No. Date of Birth/...../.....
D. Mobile No E-mail Address.....
E. County of Birth Ethnic Group
F. Permanent Address.....
G. ID /Passport No.....
H. KRA PIN..... NHIF No.....
I. NSSF No.....
J. Disability status: (tick where appropriet) YES [] NO []
if yes provide a copy of the registration certificate.....
K. Area of Specialization.....
L. Membership of Professional body(state).....
M. Marital Status (tick where appropriet) Married [] Single []
If married
Full name of spouse Provide a copy of Id card
N. Occupation of Spouse.....
O. Registered Dependants

Table with 5 columns: No, Full names, Gender, Date of birth, Relationship. Rows 1-4.

*Add additional sheet if you have more the four dependnts

P. RESIDENCE

- i. Current residence..... Estate..... Plot no.....street.....
- ii. Permanent residence: CountyDivision..... Location.....

Q. NEXT OF KIN (*The next of kin will automatically assume the role of legal personal representative and will be entitled to claim any benefits due to the staff member incase demise*)

Name..... Relationship.....
 Address.....Mobile Phone Number

R. EMERGENCY CONTACTS

In case of any emergency, I authorize you to contact any of the following persons.

- i. Name.....Relationship.....
 email addressMobile Phone Number
- ii. Name.....Relationship.....
 email addressMobile Phone Number

S. DECLARATION

I hereby declare that the information provide herein above is true to the best of my knowledge

Employee SignatureDate.....

T. **WITNESS** Name..... Signature..... Tel
 No.....

NOTES:

1. This form should be accompanied by the following document.

- i. Copies of academic and professional certificates } **Mandatory for all staff**
- ii. Current cv }
- iii. Copies of marriage certificates or affidavits
- iv. Copy of dependents birth certificates/ letters of adoption
- v. Copy of spouse identity card

2. Any change of the information provided in this form should be immediately communicated by the staff in writing to the human resource manager

OFFICIAL USE

Documents received by

NameSign Date