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SCHOOL OF NURSING

PERSONAL DETAILS FORM

SECTION A - Student's Personal Details

Applicant's Name.....

(Surname)

(Other Names)

Campus (i.e Kajiado/Thika/ Garissa /Mombasa/Nairobi/Eastleigh.....

Mode of Learning (eg Full Time/Evening /Day.....

Postal AddressPostal Code.....Town/City.....Country.....

Telephone.....Fax.....

(Either primary Mobile Number or Primary Email address MUST be filled

Mobile No (Primary)..... Mobile No (Alternative).....

Email (Primary)Email (Alternative).....

SECTION B- Student's Declaration.

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to a disciplinary action.

Student's Full name.....ID/Passport.....

Date.....Student's Signature.....

SECTION C- FOR OFFICIAL USE

Student MUST produce original National ID Card for form to be accepted.

Date Received and official Stamp

Admission's Officer's Name

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SIGNATURE

DATE