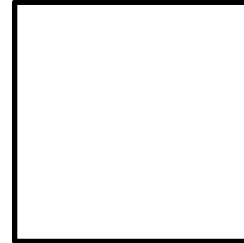




KENYATTA UNIVERSITY

DIRECTORATE OF DISABILITY SERVICES
KENYATTA UNIVERSITY STUDENTS WITH DISABILITY REGISTRATION FORM
(To be filled in duplicate)



(Attach a passport photograph)

Registration No. _____

School: _____

Degree: _____

Date of registration

Day Month Year

PERSONAL DETAILS (BLOCK LETTERS)

Full name: _____

ID/Passport No. _____

Postal Address (Address, Code, Town/City): _____

Cellphone Number: _____

Email Address: _____

Nationality: _____

County: _____ Sub County: _____

Constituency: _____ Ward: _____

Gender: _____ Date of Birth: _____

Marital Status: _____

Name of next kin: 1. _____

2. _____

Relationship to next of kin: _____



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