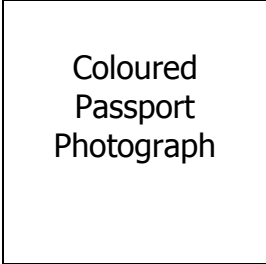


**HUBERT KAIRUKI MEMORIAL UNIVERSITY  
APPLICATION FOR STUDENT'S IDENTITY CARD**

(FILL THE APPROPRIATE SPACES WITH CAPITAL LETTERS)



**Student Registration**

1. Name of student:

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Surname name: \_\_\_\_\_

2. Programme: (Pse Tick) MD \_\_\_\_\_  
Post Basic BSCN \_\_\_\_\_  
Pre Service BSCN \_\_\_\_\_  
WTC \_\_\_\_\_  
MMED (PD/SU/OG/IM/MscPH/MSW) \_\_\_\_\_

Faculty: (Please Tick) Medicine \_\_\_\_\_  
Nursing \_\_\_\_\_

Date of commencement of training: \_\_\_\_\_

Date of completion of training: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Extension:

The identity expiry date to be extended up to: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_