Serial No.



# DeKUTSO@gmail.com

# DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY STUDENTS ORGANIZATION

## P.O BOX 657-10100 NYERI

# STUDENTS' WELFARE OFFICE

## FORM A

# **BENEVOLENT FUND ALLOCATION FORM**

#### DATE OF ISSUE.....

- 1. The applicant MUST provide relevant information to the best of his knowledge.
- 2. This form is to be filled by students who loss;
  - a. Parent(s) (as provided in the student's record) through death,
  - b. Guardian (as provided in the student's record), through death, who is assumed to play roles equal to those of a parent to the said student.
- 3. This form **MUST** be picked within **TWO** months, when the student is in session, after the demise of parent(s)/guardian. Late applications may not be considered.
- 4. Provision of **FALSE/MISLEADING** information may lead to disqualification.
- 5. Duly completed forms should be submitted to the Dean of Students office, within 3 weeks after picking of the form, for forwarding to the Welfare Fund Committee for processing.

## PART A: STUDENT PERSONAL DETAILS

1.	FULL NAME:				
	SEX:	MALE	FEMALE		
2.	REGISTE	RATION NO:	(Attach copy of student ID)		

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	NATIONAL ID NO:	(Attach copy of national ID)			
3.	FACULTY:	YEAR OF STUDY			
	DEPARTMENT:	SEMESTER			
4.	COUNTY:	CONSTITUENCY:			
	LOCATION:	SUB-LOCATION:			
5.	MOBILE PHONE NO:	E-MAIL ADD.:			
PA	ART B: DETAILS OF THE DECEASE	<u>ED</u>			
1.	FULL NAME:	ID NO:(attach copy of ID)			
2.	DATE OF DEMISE: (Atta	ach copy of burial permit/death certificate)			
		THE DECEASED (Tick where appropriate)			
	FATHER/ MOTHER: GUAI	RDIAN:			
	IF GUARDIAN, SPECIFY				
<u>PA</u>	ART C: OTHER DETAILS				
1.	GIVE THE NAMES AND CONTACTS	S OF EITHER CLERGYMEN CHIEF OR			
	1. GIVE THE NAMES AND CONTACTS OF EITHER CLERGYMEN, CHIEF SUB-CHIEF TO WHOM REFERENCE CAN BE MADE;				
	SOD CIME TO WINGWIND ENDING	3 C. H. 32 M. 182,			
	I. NAME:	PHONE NO:			
	DESIGNATION:				
	II. NAME:	PHONE NO:			
	DESIGNATION:				
2.	BRIEFLY PROVIDE ANY OTHER RI	ELEVANT INFORMATION			

# **PART D: DECLARATIONS**

1.	STUDENT DECLARATION	STUDENT DECLARATION				
	I declare that the information given herein is TRUE to the best of my knowledge.					
	Student's signature		Date			
2.	DEAN OF STUDENTS					
	<b>Comment:</b>					
	<u>Name</u>	<b>Signature</b>	<u>Date/Rubber stamp</u>			
3.	VERIFICATION FROM THE REGISTRAR ACADEMIC AFFAIRS					
	I certify that the above named is a bonafide / NOT bonafide student of Kimathi					
	University College of Technology and thus eligible/NOT eligible for award of the					
	benevolent fund.					
	I also certify that the deceased IS / IS NOT the parent/guardian of the above					
	named student as per his/her admission records.					
	Comment:					
	Name	<u>Signature</u>	Date/Rubber stamp			

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# PART E: FOR OFFICIAL USE ONLY

Recommended/ NOT recommended for Benevolent Fund Award

Amount awarded							
Ksh							
Comments:							
Chairperson's Name	<u>Signature</u>	Date/Rubber stamp					
G							
Secretary's Name	<u>Signature</u>	<u>Date</u>					

# N/B:

- Original copy to be filed by the Student's Welfare Committee.
- A copy to be filed with the Deputy Vice Chancellor Academic Affairs.
- A copy to be filed by the Dean of Students.