

UNIVERSITY OF HEALTH AND ALLIED SCIENCES, HO



OFFICE OF THE REGISTRAR

APPLICATION FOR STAFF CONCESSION FOR DEPENDANT” ACADEMIC YEAR: 2016-2017

(To be completed in duplicate by Staff or Former Staff or Next of Kin of deceased staff on behalf of dependent)

SECTION A: APPLICANT’S INFORMATION

Name of applicant:.....

Surname

Other names

If retired/resigned/deceased, indicate year:.....

(If deceased attach copy of death / burial certificate)

Applicant’s File No.:..... Applicant’s Contact No.:.....

Applicant’s Department:.....

Applicant’s Permanent Address:.....

Applicant’s Signature:..... Date.....

Applicant’s Status: SM SS JS Please tick as appropriate

(For persons completing on behalf of deceased staff and applicants who is not available during the time of processing only) Name of Next of Kin:.....

Signature of Next of Kin:..... Date.....

SECTION B: DEPENDANT’S INFORMATION

Name of child/ward/spouse:.....

Date of Birth:.....

Relationship to Candidate :(tick v as appropriate)

Registered Biological Child Registered Ward Registered Spouse

State date of registration: (Attach copy of letter of registration)

How many concessions has applicant benefited from before:.....

Examination details of child/ward/spouse:.....

What is the aggregate of child/ ward/ spouse results?.....

Is your child/ward/spouse awaiting result? (Please tick v) Yes No

If yes, provide the index number and list subjects: INDEX No.:.....

SUBJECTS:.....
.....

E-voucher Serial Number:.....

Applicant's Name:.....

Dependant's Name:.....

University for which concession is required:.....

Academic Programme preference:

1.
2.
3.

SECTION C: FOR OFFICIAL USE ONLY		
Approved by Registrar		
.....
Name	Signature	Date