

**ETHIOPIAN CIVIL SERVICE UNIVERSITY****STUDENTS BIOGRAPHY FORM**

This form, Completed and accompanied by all necessary Education documents, must be returned to the registrar's Office on or before the end of the registration date declared by the Registrar office of the University. Please fill all the blank space properly because it will have its own effect on the services that you will obtained from the university.

**Institute/ School/College/** \_\_\_\_\_

**Department/Field of study**\_\_\_\_\_

**Admission Classification:**☐ Regular –Full Time      ☐ Extension – Week End      ☐ Summer  
☐ Regular –Part Time      ☐ Extension –Night      ☐ Distance

**Study Level:**      ☐ Post Graduate Diploma      ☐ Bachelor Degree      ☐ PhD  
☐ Master's Degree      ☐ Other\_\_\_\_\_

**Coming From Region/City Administration.** \_\_\_\_\_

**I. PERSONAL INFORMATION (USE UPPER CASE ONLY)****Basic Information**

Student Identification Card Number ( ID. No.): \_\_\_\_\_

-----  
First Name

-----  
Father's Name

-----  
G/Father's Name

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**Sex:** Male ☐ Female ☐ **Religion:** \_\_\_\_\_ **Ethnic:** \_\_\_\_\_

**Date of Birth (E.C.)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date Month Year

**G.C.** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date Month Year

**Student Birth Place Information**

-----  
Region

-----  
Zone/ Kifle Ketema/

-----  
Woreda

-----  
Town/village name

-----  
Kebele

-----  
Phone Number

-----  
E-Mail

**Nationality**      Ethiopian ☐      Other Specify \_\_\_\_\_

**Marital Status** ☐ Single      ☐ Married  
☐ Divorced      ☐ Widowed

## Family Information

-----  
Mother First Name:

-----  
Mother Last Name

Mother occupation/job    ☐ Farmer      ☐ Engineer  
   ☐ Merchant      ☐ Medical Doctor  
   ☐ Teacher      ☐ Nurse  
   ☐ House Wife  
   Others, specify \_\_\_\_\_

Father occupation/job    ☐ Farmer      ☐ Engineer  
   ☐ Merchant      ☐ Medical Doctor  
   ☐ Teacher ☐ Nurse  
   Other, specify \_\_\_\_\_

## Health case /Handicap Information

Are you Handicap?      Yes ☐      No ☐

If your answer is yes select or mention below

☐ Hearing Disability      ☐ Brain Disability  
☐ Vision Disability      ☐ Physical Disability  
Other, specify \_\_\_\_\_

**NB medical Board certificate is required to be attached to the office of the registrar**

## Student Contact Information/ Person to be contacted in case of emergency/

### PRIMARY CONTACT

-----  
Contact First Name

-----  
Contact Father's Name

-----  
Contact G/Father's Name

**Contact Address Information**

Region:_____	House Phone No:_____	
Zone/ KifleKetema:_____	Office Phone Number:_____	
Woreda:_____	Mobile Phone Number:_____	
Town/Village:_____	E-Mail Address:_____	
Kebele:_____		
House NO:_____		
Relationship to Applicant:		
<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Uncle
<input type="checkbox"/> Father	<input type="checkbox"/> Sister	<input type="checkbox"/> Aunt
<input type="checkbox"/> Step-Father	<input type="checkbox"/> Brother	Other,_____

**SECONDARY CONTACT**

-----	-----	-----
Contact First Name	Contact Father’s Name	Contact G/Father’s Name
<b>Contact Address Information</b>		
Region:_____	House Phone No:_____	
Zone/ KifleKetema:_____	Office Phone Number:_____	
Woreda:_____	Mobile Phone Number:_____	
Town/Village:_____	E-Mail Address:_____	
Kebele:_____		
House NO:_____		

Relationship to Applicant:

<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Uncle
<input type="checkbox"/> Father	<input type="checkbox"/> Sister	<input type="checkbox"/> Aunt
<input type="checkbox"/> Step-Father	<input type="checkbox"/> Brother	Other, _____

## 2. EDUCATIONAL INFORMATION (USE UPPER CASE ONLY)

A) Have you ever been enrolled in any post-secondary education? (Diploma, Degree, M.A. M.Sc. Program)

Yes ☐

No ☐

b) If your answer is yes, give the details in number 2.1 and 2.2 & attach the necessary documents.

c) If your answer is No, give the details for 2.2 and 2.3.

### 2.1. Post-Secondary Education

Name of last two institutions attended	Country	Years attended/E.C		Years attended/G.C		CGPA earned	Max. CGPA expected	Award Date	Award
		From	To	From	To				

### 2.2 Secondary School (s) attended (List last Three Schools) Start from Recent

Grade level	Academic Year (E.C)	School Name	Category	Region	Zone/kifleketema	Woreda	Town
12 <sup>th</sup>			<input type="checkbox"/> Governmental <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Religious Others _____				
11 <sup>th</sup>			<input type="checkbox"/> Governmental <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Religious Others _____				
10 <sup>th</sup>			<input type="checkbox"/> Governmental <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Religious Others _____				

### 2.3 Grade Scored in EHEEQC/ESLCE /EHEEQC

#### (Entrance Exam that leads to study Higher Education)

(Write the best **seven/five** results you scored in grade 12 including Mathematics & English.)

<u>Subject</u>	<u>Grade Scored /point scored/</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Total earned point: \_\_\_\_\_ Maximum expected point \_\_\_\_\_

Exam taken date (E.C) \_\_\_\_\_ (G.C) \_\_\_\_\_  
DD/MM/YY DD/MM/YY

#### **Indicate Your High School Stream**

Natural Science ☐ Social Science ☐ Others Specify \_\_\_\_\_

### **EMPLOYMENT INFORMATION**

Employer/Organization/	Region	Zone	Woreda	Employment Date(E.C ) DD/MM/YY	Total Service Year

### **3.SPONSOR INFORMATION**

☐ MOE      ☐ Self

☐ Other

If other then fill the following Information

Organization name: \_\_\_\_\_

#### **Organization address:**

Region: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Zone/ KifleKetema: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Woreda: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Town: \_\_\_\_\_ URL: \_\_\_\_\_

Kebele: \_\_\_\_\_

House NO: \_\_\_\_\_

### **4. STATEMENT BY THE APPLICANT**

I hereby certify that all information given in this form is complete, correct and accurate. I fully realize that the University is entitled to take any measure on me including dismissal if the information given by me here is found incorrect or misleading at any time. I further undertake to observe all the rules and regulations of the University and refrain from any activity which may be contrary to the interest of the Ethiopian peoples.

**Signature of the applicant** \_\_\_\_\_

**Date of Application (E.C)** \_\_\_\_\_ **(G.C)** \_\_\_\_\_

### **DONOT WRITE BELOW THIS LINE**

Name of the recorder verifying the application form

Name \_\_\_\_\_ Signature \_\_\_\_\_