**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.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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First Name Father’s Name G/Father’s Name

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 **Sex**: Male 🞎 Female 🞎 Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Date Month Year

 **G.C.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Month Year

**Student Birth Place Information**

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Region Zone/ Kifle Ketema/ Woreda Town/village name

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 Kebele Phone Number E-Mail

**Nationality** Ethiopian 🞎 Other Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status**🞎 Single 🞎 Married

🞎 Divorced 🞎Widowed

**Family Information**

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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**

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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:

🞎Mother

🞎Father

🞎Step-Father

🞎Step-Mother

🞎Sister

🞎Brother

🞎Uncle

🞎Aunt

Other,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECONDARY CONTACT**

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 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:

🞎Mother 🞎Step-Mother 🞎Uncle

 🞎Father 🞎Sister 🞎Aunt

 🞎Step-Father 🞎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🗖

1. If your answer is yes, give the details in number 2.1 and 2.2 & attach the necessary documents.
2. 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 | AwardDate | Award |
|  |  | From | To | From | To |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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**2.2 Secondary School (s) attended (List last Three Schools) Start from Recent**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Grade level** | **Acadmic Year (E.C)** | **School Name** | **Category** | **Region** | **Zone/kifleketema** | **Woreda** | **Town** |
| 12th |  |  | 🞎Governmental🞎Private🞎Public🞎ReligiousOthers \_\_\_\_\_\_\_ |  |  |  |  |
| 11th |  |  | 🞎Governmental🞎Private🞎Public🞎ReligiousOthers \_\_\_\_\_\_\_ |  |  |  |  |
| 10th |  |  | 🞎Governmental🞎Private🞎Public🞎ReligiousOthers \_\_\_\_\_\_\_ |  |  |  |  |

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.)

Subject Grade Scored /point scored/

 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer/Organization/**  | **Region** | **Zone** | **Woreda** | **Employment Date(E.C )**DD/MM/YY |  **Total Service Year** |
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**EMPLOYMENT INFORMATION**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_