**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**