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KENYATTA NATIONAL HOSPITAL Tel.2726300/2726450/2726550

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**REF: KNH/HR/4**

**PART I: PERSONAL PARTICULARS**

FULLNAME……………………………………………………………………..P/No……………………………

NATIONAL ID/No………………..DESIGNATION…………………….D.OF BIRTH…….......................................

DATE OF FIRST APPOINTMENT………………..MARITAL STATUS………………………................................

MOBILE NO………………………………DIVISION/DEPT/UNIT………………………………….........................

NEXT OF KIN …………………MOBILE NO……………RESIDENTIAL AREA………........................................

**PART II: SPOUSE & CHILDREN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Beneficiary(ies) Full Name** | **DATE OF BIRTH** | **AGE** | **RELATIONSHIP** | **IP/NO** | **UMR NO** |
| SPOUSE |  |  |  |  |  |  |
| CHILD 1 |  |  |  |  |  |  |
| CHILD 2 |  |  |  |  |  |  |
| CHILD 3 |  |  |  |  |  |  |
| CHILD 4 |  |  |  |  |  |  |

NAME……………………………SIGNED…………………………Date………………………

**Verified By**:

NAME………………………………………………….

DESIGNATION………………………………………

SIGNED…………………………………………….......

DATE…………………………………………………...

NB:

* **ATTACH YOUR MARRIAGE CERTIFIED OFR MARRIAGE AFFIDAVIT DULY SIGNED BY AUTHORIZED NOTARY AND CHILDREN BIRTH CERTIFICATES.**
* **CHILDREN ABOVE TWENTY-ONE (21) YEARS, LETTER OF PROOF THAT THE CHILD IS ENROLLED IN A LEARNING INSTITUTION AND THE LAST PAYMENT MADE TO THE SCHOOL**.