



**NAIROBI CITY WATER AND
SEWERAGE COMPANY LIMITED**

NCWSC/HRADMIN/HR/01-FORM 1

VERSION: 01

TITLE: PERSONNEL RECORD FORM

DATE:

Full Name (As per ID Card):

National ID No. (Attach Copy) PIN No. (Attach Copy)

Date of Birth (DD, MM, YYYY): PF No.

Job Title: Grade: Duty Station/Region:

Department: Directorate:

Physical Residential Address Town: Estate:

Personal Postal Address: Postal Code:

Mobile Telephone (s): 1: 2:

Personal Email Address:

Home County: Sub county:

Location: Village:

Attach
Current Passport
Sized Photo

a) Spouse (Wife or Husband) – attach Copy of National ID Card and Proof of Marriage

| | | | | | |
|---|--|--|--|--|--|
| 1 | | | | | |
| 2 | | | | | |

b) Next of Kin (Someone to be contacted in case of an Emergency)

| S/No. | Name | Relation | ID No | Postal Address | Mobile No. |
|-------|------|----------|-------|----------------|------------|
| 1 | | | | | |
| 2 | | | | | |

c) Dependents (Husband, Wife and Children) - Attach Birth Certificates and Colored Passport Size Photos for All Dependents and indicate your Name and PF No. at the Back of each Photo

| S/No | Name | Relation | ID No. | Date Of Birth | Tick if you need a Medical Card |
|------|------|----------|--------|---------------|---------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

| d) Beneficiaries (Someone who will inherit your Properties and or Benefits in case of Death) | | | | | |
|--|------|----------|--------|---------------|----------------|
| S/No. | Name | Relation | ID No. | Date Of Birth | Percentage (%) |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

| e) Parents – Attach Copies of National ID Cards | | | | | |
|---|------|----------|-------|------------------|------------|
| S/No. | Name | Relation | ID No | Residential Area | Mobile No. |
| 1 | | | | | |
| 2 | | | | | |

| f) Qualifications | | | |
|--|-------|------------------------|-------------|
| i. Academic (Highest to Lowest – Attach Copies of Academic Certificates) | | | |
| S/No. | Level | Academic Qualification | Institution |
| 1 | | | |
| 2 | | | |
| 3 | | | |

| ii. Professional Qualification(s) – Attach Copies of Certificates | | |
|---|----------------------------|-------------|
| S/No. | Professional Qualification | Institution |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

| iii. Membership to Professional Bodies – Attach Copies of Membership Certificates | | |
|---|-------------------|----------------|
| S/No. | Professional Body | Membership No. |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

NB: Kindly attach copies of identification cards for dependents over 18years, where children are above 18 years provide proof from their college to indicate that the child is a full time student. For adopted children attach legal adoption documents.

Signature Date.....

OFFICIAL USE

Data captured in the system by.....Signature.....Date.....