

SALALE UNIVERSITY

OFFICE OF THE REGISTRAR

Attach here a recent
photography of
yourself showing full
face

BIO-DATA FORM

I. Basic Information

Student's Full Name (in English): _____

Sex: _____

Date of birth

(In Ethiopian Calendar): Day _____ Month _____ Year _____

(In Gregorian calendar): Day _____ Month _____ Year _____

Mother's Full Name: _____

Admission Year: _____

Mobile Number: _____

Title in English (Mr/Miss/--) _____ in Amharic (Ato/ Wezero/ Wezerit): _____

Student's Full Name (in Amharic): _____

II. Student's Original Address

Nationality: _____ Ethnicity/Region: _____

Zeone: _____ Woreda: _____

Kebele _____ Religion _____

Family phone Number (person to contact in case of Emergency) _____

III. Students Employment Information

Job Title: _____ Name of the organization _____

Date of Employment: from _____ to _____

Student's Name _____ Signature: _____

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