



AFFIX 2 RECENT  
PASSPORT PHOTOS

INSTITUTE OF ENERGY STUDIES AND RESEARCH  
OFFICE OF THE DEPUTY DIRECTOR  
**APPLICATION FOR ADMISSION**

NOTES:

- i. This form should be **typed** or completed in **BLOCK LETTERS**, and returned to:  
Deputy Director, Institute of Energy Studies and Research P.O. BOX 10355-00100, NAIROBI  
KENYA. TEL: 0725559900/020-2666348/6. E-mail [iesrcourses@kplc.co.ke](mailto:iesrcourses@kplc.co.ke)
- ii. **Attach copies of** (a) Your professional and academic certificates and transcripts, (b) original receipt of payment for your application form (c) copy of your National Identity Card
- iii. Applicants from East Africa to pay a sum of Ksh.1,000/= as application fee while those from outside East Africa pay Kshs.3,000/= as application fee through the following Bank Account:  
**BANK NAME: EQUITY BANK**  
**ACCOUNT NAME: KPLC – INSTITUTE OF ENERGY STUDIES AND RESEARCH**  
**BANK BRANCH: WESTLANDS CORPORATE**  
**ACCOUNT NUMBER: 0550297446068**  
**SWIFT CODE: EQBLKENAXXX**
- iv. Attach **Two** one inch by one inch (1"x1") passport photographs

**SECTION A: PERSONAL DATA**

**1) Applicant's Name(s)**

|         |       |        |
|---------|-------|--------|
| Surname | First | Middle |
|---------|-------|--------|

**2) Bio data**

|   |   |  |
|---|---|--|
| Date/Month/Year<br>Date of Birth     /     /            | Male <input type="checkbox"/> Female <input type="checkbox"/> | Religion:  |
| Place of Birth:   | Citizenship:  | Marital Status<br>Single <input type="checkbox"/> Married <input type="checkbox"/> |
| National ID/Passport No:                                | Mobile Number: _____  | Residential District:  |
| Email:  | Office Number: _____  | Home Location:   |
| Address:<br>P.O. Box _____                              | Code: _____   | Town: _____  |
| Next of kin details ( <i>In emergencies</i> )<br>Names: | Mobile Number:  | Relationship:  |

- 3) Physical or visual challenges: Do you have any form of disability? Yes  No

If yes please indicate the form of disability .....

**SECTION B: PROGRAMS APPLIED FOR**

4) (a) Name of the course applied for .....

.....

(b) Level

- Diploma
  Craft (Certificate)
  Artisan
  Short Course

(c) Mode of Study

- Day (Full time) (ODL)
  Evening
  Open Learning /Distance Learning

(d) How did you learn about IESR

- Newspaper
  KUCCPS
  KPLC/IESR Website
  Radio  
 Friend/Relative
  Tradeshow/Exhibition

**SECTION C: ACADEMIC BACKGROUND**

5) Institutions attended and qualifications obtained

| QUALIFICATIONS            | SCHOOL/COLLEGE/UNIVERSITY ATTENDED | YEAR OF COMPLETION | GRADES OBTAINED/ QUALIFICATION |
|---------------------------|------------------------------------|--------------------|--------------------------------|
| (i) Academic-             |                                    |                    |                                |
|                           |                                    |                    |                                |
|                           |                                    |                    |                                |
| (ii) Professional Courses |                                    |                    |                                |
|                           |                                    |                    |                                |
|                           |                                    |                    |                                |
|                           |                                    |                    |                                |

6) Work/Research experience (Where applicable)

| QUALIFICATIONS | EMPLOYER | WORK STATION | DURATION |
|----------------|----------|--------------|----------|
|                |          |              |          |
|                |          |              |          |

**SECTION D: FINANCES**

7) (a) Sponsorship

|   |  |
|---|--|
| Self-Sponsored <input type="checkbox"/> | Corporate Sponsored <input type="checkbox"/> |
|---|--|

**(b)** If corporate sponsored, please fill employer details

Company Name.....

Physical Address/Office location .....

Training Contact Person ..... Position (Title) .....

Telephone contacts..... Official email.....

**SECTION E: DECLARATION BY APPLICATION**

I hereby certify that the information given in this application is correct and complete to the best of my knowledge.

Signature. .... Date.....

**FOR OFFICIAL USE**

Admission Approved  Admission Number\_\_\_\_\_

Rejected  (Reasons)\_\_\_\_\_

Verified original certificates & Attached deposit Slip for registration fees)

Officer..... Date.....

Sign & Stamp.....