KP/5F.1/QMSR/5/1	

Serial No:



AFFIX 2 RECENT
PASSPORT PHOTOS

OFFICE OF THE DEPUTY DIRECTOR

APPLICATION FOR ADMISSION

NOTES:

- 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 iesrinfo@kplc.co.k e
- 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: Equity Bank; Branch: Westlands Corporate; Account Name: KPLC Training School; Account Number: 0550 29744 6068
- iv. Attach **Two** one inch by one inch (1"x1") passport photographs

First

SECTION A: PERSONAL DATA

Middle

1) Applicant's Name(s)

Surname

2) Bio data			
Date/Month/Year			
Date of Birth / /	Male Female	Religion:	
		Marital Status	
Place of Birth:	Citizenship:	Single Married	
National ID/Passport No:	Mobile Number:	Residential District: Home Location:	
Address:	Code:	Town:	
P.O. Box			
Next of kin details (In emergencies)			
Names:	Mobile Number:	Relationship:	
3) Physical or visual challenges: Do y	ou have any form of disability? Yes	No No	

If yes please indicate the form of disability

SECTION B: PROGRAMS APPLIED FOR

4) (a) Course Code	Name of the course a	plied for			
			••••••••••	•••	
(b) Level					
☐ Degree ☐ Diploma	Craft (Certificate)	Artisan S	ihort Course		
(c) Mode of Study					
	Weekends only Ho	idays (School-b		Open Learning /Distance Parning (ODL)	
(d) Open Learning Preferred Cen	ter (To be ticked by Open lear	ning applicants	Only)		
Main Campus (Ruaraka)	City Center (E-h	ouse)			
	SECTION C: ACADEMIC BAC	KGROUND			
5) Institutions attended and qualifications obtained					
QUALIFICATIONS	SCHOOL/COLLEGE/UNIV		R OF	GRADES OBTAINED/ QUALIFICATION	
(i)Academic-	ATTENSES .		VIII 2211011	QOVER IS ATTOM	
(ii) Professional Courses					
(II) Professional Courses					
6) Work/Research experience (Where applicable)					
QUALIFICATIONS	EMPLOYER	WORK STATIO	ON	DURATION	

SECTION D: FINANCES

/) (a) Sponsorship	
Self-Sponsored	Corporate Sponsored
(b) If corporate sponsored, please to	fill employer details
Company Name	
Training Contact Person	Position (Title)
Telephone contacts	Official email
SEC	CTION E: DECLARATION BY APPLICATION
I hereby certify that the informatio knowledge.	on given in this application is correct and complete to the best of my
Signature	Date
FOR OFFICIAL USE	
	uission Number
Rejected (R	Peasons)
Verified original certificates & Atta	ched deposit Slip for registration fees)
Officer	Date
Sign & Stamp	