Serial No:
------------

# OFFICE OF THE DEPUTY DIRECTOR APPLICATION FOR ADMISSION

## **NOTES:**

- This form should be <u>typed</u> 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 <u>iesrcourses@kplc.co.ke</u>
- 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 MPESA PAYBILL

MPESA PAYBILL: 883380 Account no : Applicants Full Names
(Indicate the MPESA transaction ID, Date and time at the top of the form)

iv. Attach **Two** passport photographs

## **SECTION A: PERSONAL DATA**

### 1) Applicant's Name(s) Surname First Middle 2) Bio data Date/Month/Year Male Female Religion: Date of Birth **Marital Status** Place of Birth: Citizenship: Single Married National ID/Passport No: **Residential District:** Mobile Number:\_\_ Office Number: Email: Home Location: Address: Code: Town: P.O. Box Next of kin details (In emergencies) Names: Mobile Number: Relationship: 3) Physical or visual challenges: Do you have any form of disability? Yes If yes please indicate the form of disability .....

4) (a) Name of the course applied	d for				
(b) Level  Diploma Craft (0)	Certificate)	Artisan	Short (	Course	
(c) Mode of Study  Day (Full time)	Evening		Open Learning /Distance Learning (ODL)		
(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/UNIV	/ERISITY	YEAR OF COMPLETION	GRADES OBTAINED/ QUALIFICATION	
(i)Academic-					
(ii) Professional Courses					
6) Work/Research experience (W	here applicable)				
QUALIFICATIONS E	MPLOYER	WORK S	TATION	DURATION	

# **SECTION D: FINANCES**

7) (a) Sponsorship	
Self-Sponsored	Corporate Sponsored
(b) If corporate sponso	ored, please fill employer details
Company Name	
Physical Address/Office	e location
Training Contact Perso	nPosition (Title)
Telephone contacts	Official email
	SECTION E: DECLARATION BY APPLICATION
I hereby certify that the knowledge.	e information given in this application is correct and complete to the best of my
Signature	Date
FOR OFFICIAL USE	
Admission Approved	Admission Number
Rejected	(Reasons)
Verified original certific	cates & Attached deposit Slip for registration fees)
Officer	Date
Sign & Stamp	