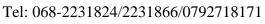


## KENYA SCHOOL OF GOVERNMENT - EMBU

P O Box 402 -60100







## **APPLICATION FORM**

		Application Date:	
Programme Name:			
<b>Preferred Starting Date:</b>			
PERSONAL DETAILS			
Surname:	Othe	er Names:	
Personal No:	ID/I	No	
Job Group: De	esignation:		
Gender: Male	Female	(Tick( $\sqrt{\ }$ ) as appropriate)	
KRA PIN:			
Postal Address:	Code:	Town:	
Tel. No:Home:	Mobile:	Email:	
EDUCATIONAL BACK	GROUND		
Highest level of education	n:		
Highest level of Profession	onal Education:		
Objective(s) of attending	this course:		
ORGANISATION DETA	AILS		
Organizations name:			
Address:			
Telephone no:			
Email:			
KRA PIN:			

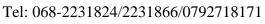






## KENYA SCHOOL OF GOVERNMENT - EMBU

P O Box 402 -60100





Email: <a href="mailto:admissions.embu@ksg.ac.ke">admissions.embu@ksg.ac.ke</a> info.embu@ksg.ac.ke

Full Name:			
Relationship:			
Postal Address:	Code:	Town:	
Tel. No:Home:	Mobile:	Email:	
i. Nature of sponso	rship : SELF thorizing Officer's name	ORGANISATIONAL	
<ul><li>i. Nature of sponso</li><li>ii. If sponsored, Au</li><li>iii. Organization's n</li></ul>	thorizing Officer's name	<u></u> :	
<ul><li>ii. If sponsored, Aut</li><li>iii. Organization's n</li><li>iv. Position:</li><li>v. Mobile number:</li></ul>	thorizing Officer's name	:	
<ul> <li>i. Nature of sponso</li> <li>ii. If sponsored, Aut</li> <li>iii. Organization's n</li> <li>iv. Position:</li> <li>v. Mobile number:</li> </ul>	thorizing Officer's name  ame:  SOUGHT (Please indica	:	





OTHER TYPE OF SPECIAL NEED/SERVICES SOUGHT



## KENYA SCHOOL OF GOVERNMENT - EMBU

P O Box 402 -60100

Tel: 068-2231824/2231866/0792718171

 $Email: {\color{red} \underline{admissions.embu@ksg.ac.ke}}$ 

info.embu@ksg.ac.ke



