



REPUBLIC OF KENYA

PUBLIC SERVICE COMMISSION APPLICATION FOR INTERNSHIP PROGRAMME FORM

Please complete this form in BLOCK LETTERS and submit to the Ministry/State Department/Agency that has advertised internship opportunities.

1. Ministry/Department/Agency.....
2. Full name
3. Date of Birth
4. Identity Card Number
5. Gender.....
6. Personal Identification Number (PIN)
7. Certificate of Good Conduct Number
8. Postal Address Postal Code Town.....
9. E-mail Address
10. Mobile Number
11. Home County Sub-County
12. Ethnicity
13. Disability Status
14. Educational/Professional Qualifications
Examination.....
University/Institution.....
Year of Graduation.....
Class/Grades.....
15. Area of Interest

I certify that the above information is true to the best of my knowledge.

Name:

Signature:

Date: