



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. Gender.....
5. Identity Card Number.....
6. Personal Identification Number (PIN).....
7. Certificate of good conduct.....
8. Postal AddressPostal 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.....