

## MINISTRY OF AGRICULTURE & LIVESTOCK DEVELOPMENT STATE DEPARTMENT FOR LIVESTOCK DEVELOPMENT

# ANIMAL HEALTH AND INDUSTRIAL TRAINING INSTITUTE (NYAHURURU). P.0 BOX, 1-20300, NYAHURURU.

#### APPLICATION FORM FOR DIPLOMA/UPGRADING/CERTIFICATE PROGRAMMES

**NB:** To be completed in **BLOCK LETTERS** and returned to the **Registrar**. Course Applying for: (Select one) Certificate in Animal Health & Production Diploma in Animal Health & Production Upgrading Course to Diploma in Animal Health **SECTION A: PERSONAL DETAILS 1.** Name: {Mr, Mrs, Miss, and Ms}..... Surname Middle First 2. Date of Birth ..... 3. Gender (*Tick appropriately*) Male Female Relationship e.g., Parent, Sibling, Spouse, Guardian ..... **5.** Nationality ...... ID No. ..... **6.** Employer (where applicable) .....

7. Current Residential Address
8. Mobile No
<b>9.</b> Email
10. Permanent Address (if different from the Residential address)
11. Name of parent/guardian

**12.** A non-refundable fee of Ksh. 1,000 should be deposited into the institute's KCB Account **1147549583** (Account Name: **State Department for Livestock-Nyahururu**) before submitting your documents. Ensure you attach the banking slip as proof of payment.

#### **SECTION B**

### 13. EDUCATIONAL BACKGROUND

Schools/Institutions attended, years attended and qualifications obtained (attach copies of qualification(s) obtained).

S/NO	SCHOOL/COLLEGE	DATES	DATES	QUALIFICATION	GRADE
5/110	ATTENDED	FROM	ТО	ATTAINED	
1.					
2.					
3.					
4.					

14. DECLARATION I	declare that the information given
in this form is correct.	
Signature	Date:
FOR OF	FICIAL USE ONLY
Date Received	
DECICED A D	
REGISTRAR	
Signature Date	<del>2</del>

All correspondences / enquires should be addressed to **REGISTRAR ANIMAL HEALTH AND INDUSTRY TRAINING INSTITUTE (NYAHURURU) P.O. BOX 1 - 20300, NYAHURURU.** 

EMAIL: principalnyahururu@kilimo.go.ke