



7. Current Residential Address.....

8. Mobile No.....

9. Email .....

10. Permanent Address (if different from the Residential address) .....

11. Name of parent/guardian .....Mobile No.....

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 ATTENDED	DATES		QUALIFICATION ATTAINED	GRADE
		FROM	TO		
1.					
2.					
3.					
4.					

**14. DECLARATION** I.....declare that the information given in this form is correct.

Signature..... Date:.....

**FOR OFFICIAL USE ONLY**

Date Received .....

**REGISTRAR**

Signature ..... Date .....

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](mailto:principalnyahururu@kilimo.go.ke)**