



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: .....