

Serial No:

INSTITUTE OF ENERGY STUDIES AND RESEARCH
OFFICE OF THE DEPUTY DIRECTOR
APPLICATION FOR ADMISSION

NOTES:

- i. This form should be **typed** or completed in **BLOCK LETTERS**, and returned to:
Deputy Director, Institute of Energy Studies and Research P.O. BOX 10355-00100, NAIROBI
KENYA. TEL: 0725559900/020-2666348/6. E-mail iesrcourses@kplc.co.ke
- ii. **Attach copies of** (a) Your professional and academic certificates and transcripts, (b) original receipt of payment for your application form (c) copy of your National Identity Card
- iii. Applicants from East Africa to pay a sum of Ksh.1,000/= as application fee while those from outside East Africa pay Kshs.3,000/= as application fee through the following Bank Account or MPESA PAYBILL *(Please indicate ID NO/Passport Number on deposit slip)*

BANK NAME: EQUITY BANK ACCOUNT NAME: K.P.L.C.-INSTITUTE OF ENERGY STUDIES AND RESEARCH BANK BRANCH: WESTLANDS CORPORATE ACCOUNT NUMBER: 0550297446068 SWIFT CODE: EQBLKENAXX	MPESA PAYBILL: 883380 Account no : Applicants Full Names <hr/> <i>(Indicate the MPESA transaction ID, Date and time at the top of the form)</i>
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- iv. Attach **Two** passport photographs

SECTION A: PERSONAL DATA

1) Applicant's Name(s)

Surname	First	Middle
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2) Bio data

Date/Month/Year Date of Birth / /	Male <input type="checkbox"/> Female <input type="checkbox"/>	Religion:
Place of Birth:	Citizenship:	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/>
National ID/Passport No:	Mobile Number: _____	Residential District:
Email:	Office Number: _____	Home Location:
Address: P.O. Box _____	Code: _____	Town: _____
Next of kin details <i>(In emergencies)</i> Names:	Mobile Number:	Relationship:

- 3) Physical or visual challenges: Do you have any form of disability? Yes No

If yes please indicate the form of disability

4) (a) Name of the course applied for.....

(b) Level

- Diploma Craft (Certificate) Artisan Short Course

(c) Mode of Study

- Day (Full time) Evening Open Learning /Distance Learning (ODL)

(d) How did you learn about IESR

- Newspaper KUCCPS KPLC/IESR Website Radio
 Friend/Relative Tradeshow/Exhibition

SECTION C: ACADEMIC BACKGROUND

5) Institutions attended and qualifications obtained

QUALIFICATIONS	SCHOOL/COLLEGE/UNIVERSITY ATTENDED	YEAR OF COMPLETION	GRADES OBTAINED/ QUALIFICATION
(i)Academic-			
(ii) Professional Courses			

6) Work/Research experience (Where applicable)

QUALIFICATIONS	EMPLOYER	WORK STATION	DURATION

SECTION D: FINANCES

7) (a) Sponsorship

Self-Sponsored <input type="checkbox"/>	Corporate Sponsored <input type="checkbox"/>
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(b) If corporate sponsored, please fill employer details

Company Name.....

Physical Address/Office location

Training Contact PersonPosition (Title)

Telephone contacts.....Official email.....

SECTION E: DECLARATION BY APPLICATION

I hereby certify that the information given in this application is correct and complete to the best of my knowledge.

Signature. Date.....

FOR OFFICIAL USE

Admission Approved Admission Number_____

Rejected (Reasons)_____

Verified original certificates & Attached deposit Slip for registration fees)

Officer..... Date.....

Sign & Stamp.....

Thank you for choosing IESR as your preferred training provider