

APPLICATION NO.



JOMO KENYATTA UNIVERSITY OF
AGRICULTURE AND TECHNOLOGY

Attach here
passport
Photograph

INSTITUTE FOR BIOTECHNOLOGY RESEARCH

P.O. Box 62000-00200, Nairobi, Kenya. Tel. (067) 52251/52711/52181-4, Fax (067) 52164
Thika.
Email: director@ibr.jkuat .ac.ke

APPLICATION FORM FOR SHORT COURSES

Application form for admission to the institute may be downloaded from the university website www.jkuat.ac.ke, printed out, filled in and submitted to: *The Director, Institute for Biotechnology Research, Jomo Kenyatta University of Agriculture and Technology, P.O. Box 62000 – 00200, City Square, Nairobi, Kenya.*

(A) COURSE INFORMATION

1. **COURSE APPLIED FOR** (Tick or type “x” in the appropriate box for the course applied for)

- | | | |
|-------|---|--------------------------|
| (i) | Introduction to Plant, Cell, Organ and Tissue Culture | <input type="checkbox"/> |
| (ii) | Introduction to Microbiological Techniques | <input type="checkbox"/> |
| (iii) | Biosafety and Risk Assesment, Biopolicy and Bioethics | <input type="checkbox"/> |
| (iv) | Introduction to Molecular Biology | <input type="checkbox"/> |
| (v) | Introductory Bioinformatics | <input type="checkbox"/> |

2. **COMMENCEMENT DATE:**

(B) PERSONAL INFORMATION (Type or fill in the correct information)

1. NAME OF APPLICANT: (Surname)
(Other names)
2. CURRENT POSTAL ADDRESS:
CODE: TOWN: COUNTRY:
3. PERMANENT POSTAL ADDRESS:
CODE: TOWN: COUNTRY:
4. TEL.:
5. MOBILE:
6. FAX:
7. EMAIL:
8. NATIONALITY:
9. ID. NO./ PP No.:(*Attach a copy*)
10. DISTRICT:

11. DATE OF BIRTH:

12. MALE / FEMALE:

13. ALTERNATIVE CONTACTS:

NAME:

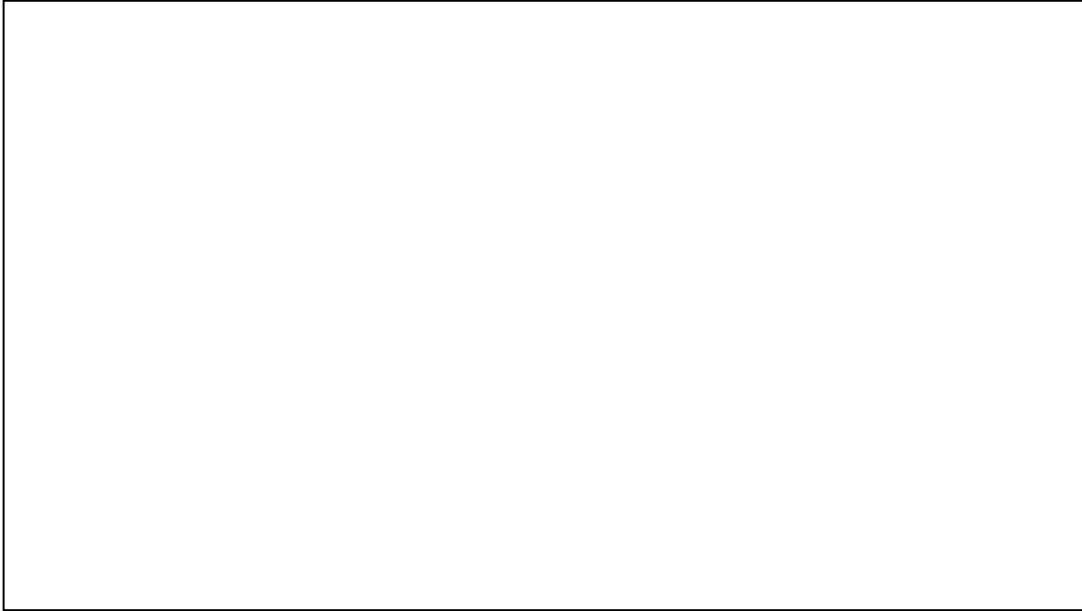
MOBILE:

E-MAIL ADDRESS:


(C) EDUCATIONAL BACKGROUND

1. PRIMARY EDUCATION (*Provide relevant certificates*)

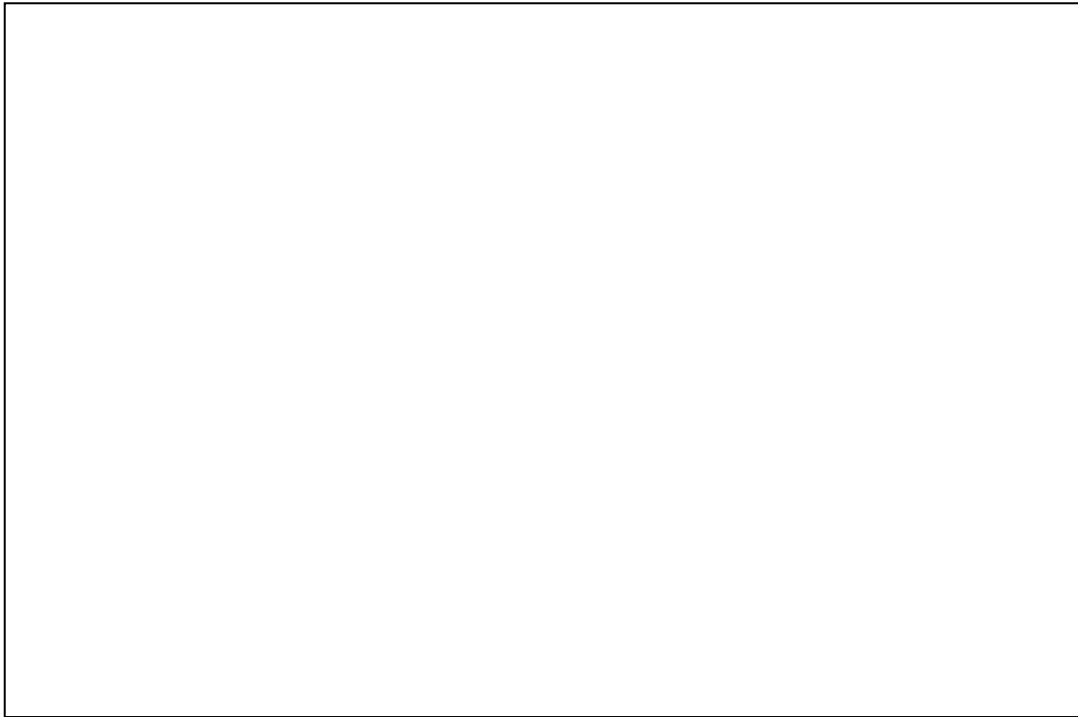
2. SECONDARY EDUCATION (*Provide relevant certificates*)



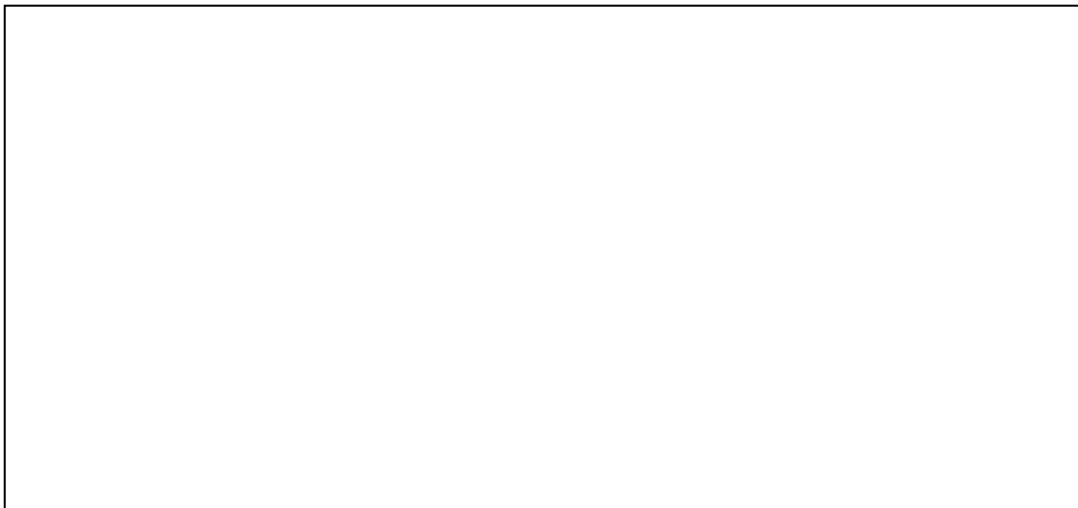
3. TERTIARY EDUCATION (*Provide relevant certificates*)



(D) BRIEF HISTORY OF EMPLOYMENT/ OR TYPE OF SELF EMPLOYMENT
(provide supporting documents if any)



(E) ANY OTHER RELEVANT INFORMATION (*Provide supporting documents if any*)



(F) **DECLARATION:** I hereby declare that the information filled in this form is true to the best of my knowledge, and I understand that any false information given could render me liable to prosecution.

APPLICANT'S SIGNATURE:

DATE:

FOR OFFICIAL USE ONLY

(G) APPLICATION NO.

NAMES OF APPLICANT: (Surname):

(Other names):

APPROVAL:

Application Approved / Not Approved:

REASON:

NAME OF APPROVING OFFICER:

DESIGNATION:

DATE:

ADMISSION NO.