

## **REPUBLIC OF KENYA**

## **COUNTY GOVERNMENT OF NYANDARUA**



## **COUNTY PUBLIC SERVICE BOARD**

## **APPLICATION FOR INTERNSHIP FORM**

Please complete all sections of this form as appropriate in BLOCK letters and submit to the Secretary, County Public Service Board, P.O. BOX 38, 20303 OL' KALOU, NYANDARUA

1. Department Applied:
Department:
Field/Area of Specialization:
2. Personal Details of the Applicant:
Name:
Date of Birth: ID. No Gender: Male Female
KRA No Certificate of Good Conduct No
Nationality: Home County: Home County:
Sub County: Postal Address:
Postal Code: Mobile No:
E-mail Address:
3. Other Details:
Are you living with disability? Yes No No Office you living with disability? Yes No Office you

4. Education/Professional Qualifications:
Examination:
University/Institution/College:
Year of Graduation:
Class/Grades:
5. Declaration:
I hereby certify to the best of knowledge that the particulars given on this form are correct.
Name:Date: