

**REPUBLIC OF KENYA**  
**MINISTRY OF ENVIRONMENT & MINERAL RESOURCES**  
**KENYA METEOROLOGICAL DEPARTMENT**  
**Institute for Meteorological Training and Research**

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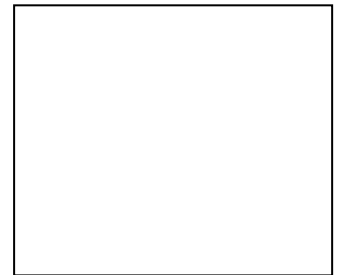


***NOTES to Applicants***

- i). This form should be completed (**typed or completed in BLOCK LETTERS**) and returned to:

**The Principal, Institute for Meteorological Training and Research (IMTR) using the address above.**

- ii). *Attach copies of a medical examination certificate, which will be required for medical insurance purposes upon admission.*
- iii). *Affix your current passport size photograph in the box on the right.*



**APPLICATION FORM (To be completed by the applicant)**

1. **Course Applied for**.....

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2. **Personal Details**

i. Family name.....First name.....

ii. Other names.....

iii. Date of birth.....

iv. Gender .....

v. Marital Status.....

vi. Country of birth.....

vii. Citizenship/Nationality.....

viii. Official address.....

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Tel: .....Mobile: .....Fax: .....e.mail: .....

ix. Home address.....

x. Name and address of sponsor.....

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**3. Academic/Professional Record**

*Give details of your academic record starting from Secondary school education onwards. Start with the most recent institution work backwards (reverse chronological order).*

<b>Name of institution and place of study</b>	<b>From(yr.)</b>	<b>To(yr.)</b>	<b>Major field of study</b>	<b>Certificate/Diploma/Degree awarded</b>

**NB.** Please enclose certified copies of your certificates/diploma/degrees.

**4. Employment Record**

*Give details of your employment record to date, indicating, the number of years of service and your current designation.*

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**5. Language proficiency**

i. What languages do you speak?

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ii. How do you rate your English language? (tick your choice)

*Spoken:* Fair ..... Good ..... Excellent .....

*Written:* Fair ..... Good ..... Excellent .....

**6. Physical wellbeing**

i. Do you suffer any physical impairment or chronic illness? .....

ii. If yes, give details.

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**7. Recommendation by Head of Department**

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**8. Signature of applicant.....Date.....**