



MINISTRY OF LANDS, PUBLIC WORKS, HOUSING AND URBAN DEVELOPMENT
STATE DEPARTMENT FOR LANDS AND PHYSICAL PLANNING
KENYA INSTITUTE OF SURVEYING AND MAPPING (KISM)

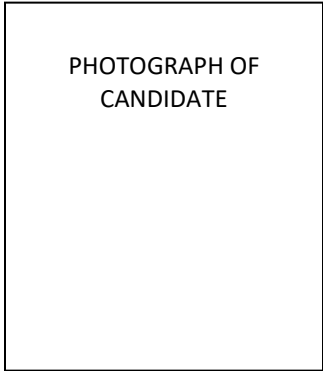


P.O. Box 64005, 00620 Nairobi, Tel: 0775503880/0775503240,
Email: info@kism.ac.ke Website: www.kism.ac.ke

APPLICATION FORM

INSTRUCTIONS

- 1. Only candidates who meet all the minimum requirements stipulated in the advertisements should complete this form.
2. The candidates are advised to fill all the parts of the form carefully
3. Only fully and duly completed forms will be considered
4. The application forms are to be accompanied with
(i) passport size photograph
(ii) copies of Academic and Birth Certificates, leaving certificate(s), and
(iii) Copy of Identity Card.
5. All application forms are to be accompanied with a non-refundable fee of Kshs. 1,000 payable through e-Citizen using the steps below:
(a) Dial *222#
(b) Select 1 'Make Payment'
(c) Select 2 'Enter Service Code'
(d) Enter Service Code 'KISMP' (In Caps)
(e) Enter Reference Number i.e Your ID/No or Parent's ID/No Plus one name (e.g.9000000Tom)
(f) Enter the amount plus Ksh.50 convenience fee and confirm ie(Ksh.1050).
(g) Wait to receive the MPESA STK Push and enter your MPESA PIN.
(h) Print your message and attach on the application form.



NB: In case of any challenge, contact the Institute through the above office lines.

TITLE OF COURSE APPLIED FOR (1)
(2)

I - PERSONAL PARTICULARS

Full Name (in capital letters)
(Surname) (Other Names)
ID NO./Passport No./Birth Certificate No.Mobile No.....
Contact AddressCode TownEmail:.....
Date of Birth Place of Birth
CountyDivision
LocationSublocation
Single/Married

Parents/Guardian's Name:

Mobile No. Alternative contact:

II - EXAMINATION RESULTS

(Give the grade/score for each subject taken in the examination)

(a) KCE/KCSE/"O" Level Examinations

School

Index No. Year Grade Score.....

SUBJECT

GRADE

1. English/Kiswahili
2. Mathematics
3. Geography
4. Physics
5. Chemistry

(b) OTHER COURSE(S)

Course

Start (Year) End (Year) Aggregate

Institution

Course

Start (Year) End (Year) Aggregate

Institution

(You can use additional material for other courses)

III – OTHER DETAILS

1. Present Occupation (*if any*)

2. Do you suffer from any physical impairment? Yes/No.

If "Yes" give details

.....

3. Have you received any medical treatment for any serious disease or injury? Yes/No

If "Yes" give details

.....

I declare that the information I have given herein is correct to the best of my knowledge.

.....

Signature

.....

Date