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
Email: info@kism.ac.ke Website: www.kism.ac.ke

KISM SEPTEMBER 2026 INTAKE TRAINING OPPORTUNITIES

Diploma Courses (Duration 3 Years-full time)	
Course	**Minimum Entry Requirements**
1. Diploma in Land Survey 2. Diploma in Photogrammetry & Remote Sensing	KCSE Mean Grade C- (with C- in English, Mathematics, Physics or Physical Science), or KNEC Craft Certificate in similar field or equivalent.
3. Diploma in Cartography 4. Diploma in Cartography & Geographical Information System (GIS)-Cdacc level 6	KCSE Mean Grade C- (with C- in English, Mathematics, Geography) or KNEC Craft Certificate in similar field or equivalent.
5. Diploma in Printing Technology	KCSE Mean Grade C- (with C- in English, Mathematics, Chemistry) or KNEC Craft Certificate in similar field or equivalent.
KNEC Craft Certificate (Duration 2 Years – full time)	
Course	**Minimum Entry Requirements**
1. Certificate in Land Survey	KCSE Mean Grade D (with D in English, D in Mathematics, D in Physics)
2. Certificate in Printing Technology	KCSE Mean Grade D (with D in English, D in Mathematics, D in Chemistry).

All persons holding foreign qualifications and seeking to join KISM must get an equation/equivalence from KNEC before applying on website www.knec.ac.ke

Applications should be made on prescribed forms obtained from KISM website: www.kism.ac.ke or Director's office, KISM. Completed application form should be forwarded to the Institute before 30th June 2026.

The application should have a passport-size photo affixed in the space provided and attach photocopies of;

i) Leaving and Academic Certificates
ii) Identity Card/Passport/Birth Certificate

For: **J. W. Waithaka**
DIRECTOR
FOR: PRINCIPAL SECRETARY

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APPLICATION FORM

PHOTOGRAPH OF CANDIDATE

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 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 Address .....Code ..... Town .....Email:.....

Date of Birth ..... Place of Birth .....

County .....Division .....

Location .....Sublocation .....

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