



**COUNTY GOVERNMENT OF MARSABIT
COUNTY PUBLIC SERVICE BOARD OF MARSABIT**

APPLICATION FORM FOR INTERNSHIP PROGRAMME

Please complete this form in **BLOCK LETTERS** and submit to the County Public Service Board of Marsabit.

1. County Department.....
2. Full Name.....
3. Date of Birth.....
4. Identity Card Number..... Gender:
5. Personal Identification Number (PIN).....
6. Certificate of Good Conduct Number.....
7. Postal Address..... Postal Code..... Town.....
8. E-mail Address.....
9. Mobile Number.....
10. Home County..... Sub-county..... Ward.....
11. Ethnicity.....
12. Disability Status.....

13. Educational/Professional Qualifications

S/No	Examination	University/institution	Year of Graduation	Class/Grade

14. Area of Interest.....

I certify that the above information is true to the best of my knowledge.

Name: Signature: Date: