



REPUBLIC OF KENYA

MINISTRY OF AGRICULTURE, LIVESTOCK, FISHERIES AND COOPERATIVES  
STATE DEPARTMENT FOR LIVESTOCK

ANIMAL HEALTH AND INDUSTRIAL TRAINING INSTITUTE (KABETE) P.O.BOX  
29040 – 00625 KANGEMI, NAIROBI.

APPLICATION FORM FOR DIPLOMA/CERTIFICATE PROGRAMMES

**NB:** To be completed in **BLOCK LETTERS** and returned to the **Registrar**.

SECTION A

1. Name: {Mr, Mrs, Miss, and Ms} .....

Surname Middle First

2. Date of Birth .....

3. Gender (*Tick appropriately*) Male  Female

4. Marital Status (*Tick appropriately*) Married  Not Married

5. a) Name of next of kin (*If married*) .....

b) Mobile No of next of kin .....

6. Nationality..... ID. No/PP No.....

7. a) Employer (*If applicable*) .....

b) Experience (*If applicable*) .....

.....

8. Current Address .....

9. Telephone No. ....Mobile No.....

10. Email .....

11. Permanent Address {if different from the current address} .....

12. Religion .....

13. a) Name of the parent/guardian .....

b) Contact of the parent/guardian .....

14. MPESA reference number (Ksh. 1000/- should be sent to 0769702555 as application fee which is Non Refundable prior to submission of your documents) .....

**SECTION B**

**14. EDUCATIONAL BACKGROUND**

Schools/Institutions attended, years attended and qualifications obtained (**attach copies of qualification(s) obtained**).

S/NO	SCHOOL/COLLEGE ATTENDED	DATES	DATES	QUALIFICATION ATTAINED	GRADE
		FROM	TO		
1.					
2.					
3.					
4.					

15. The Diploma/Certificate/short course applied for .....

**16. DECLARATION**

I ..... declare that the information given in this form is correct.

Signature ..... Date: .....

**FOR OFFICIAL USE ONLY**

17. Date Received...../...../20.....

**18. REGISTRAR**

Signature ..... Date .....

All correspondences / enquires should be addressed to:

**REGISTRAR**

**ANIMAL HEALTH AND INDUSTRY TRAINING INSTITUTE (KABETE)**

**P.O. BOX 29040 – 00625 KANGEMI, NAIROBI.**

**EMAIL: [ahitikabete@gmail.com](mailto:ahitikabete@gmail.com)**