



**KENYA
METEOROLOGICAL
DEPARTMENT**

**MINISTRY OF ENVIRONMENT, CLIMATE CHANGE AND FORESTRY
KENYA METEOROLOGICAL DEPARTMENT
Institute for Meteorological Training and Research, World Meteorological Organization
Regional Training Center (IMTR/WMO-RTC)**

Dagoretti Corner, Ngong Road, P. O. Box 30259, 00100 GPO, Nairobi, Kenya
Telephone: 254 (0) 20 3867880-7, 0724 255 153/4 E-mail: admissions@kimtr.ac.ke
[/imtr.wmo.rtc.nairobi@gmail.com](mailto:imtr.wmo.rtc.nairobi@gmail.com) Website: <https://kimtr.ac.ke>

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). *Affix your current passport size photograph on the form*

Affix copy of
passport sized
photo here

APPLICATION FORM (To be completed by the applicant)

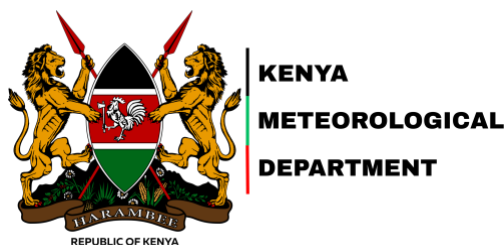
1. Course Applied for.....

.....

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.....
- (ix) Mobile:
- (x) Email:
- (xi) Home address.....
- (xii) Name and address of sponsor.....

Please address all replies to the Principal/Director, IMTR



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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).*

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

Institution	From (Year)	To (Year)	Field of study	Certificate/Diploma/Degree awarded

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) Spoken languages?

.....
.....

(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.....

(iii) Do you have any special needs?.....

(If yes, give details)

7. Recommendation by Head of Department

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