



EGERTON UNIVERSITY
www.egerton.ac.ke

Mail to filled application form to:

Coordinator, CIWAB
C/O Department of Agricultural Engineering,
Egerton University,
P. O. Box 536-20115,
Egerton, Kenya
Phone: +254 708 920 465
E-mail: ciwab@egerton.ac.ke

Form No: _____

Course Application Form

Applicant Information

Full Name: _____
Surname Other names

Organisation: _____

Address: _____

Phone: _____ Email: _____

Profession/ Occupation: _____

Course(s) applied for: 1. _____
2. _____
3. _____

Course Payment Details

For official use only

Fees paid? YES NO

Receipt/Slip No _____

Disclaimer and Signature

I certify that the information provided above is complete to the best of my knowledge. I also declare to abide by the stipulated rules and regulations while undertaking the course(s) specified in this application.

Signature: _____ Date: _____