



**MINISTRY OF HEALTH**  
**STATE DEPARTMENT FOR PUBLIC HEALTH & PROFESSIONAL STANDARDS**  
**PERSONAL PARTICULARS FORM**

**1. INTERNSHIP CADRE**

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**2. PERSONAL DETAILS OF THE INTERN**

Title:.....(Prof/Dr/Mr/Mrs/Miss/Ms/Rev)

Name: .....

(Surname)

First Name

Other Name(s):

Date of Birth..... (dd-mm-yyyy)

Gender: Male  Female

ID No:.....

KRA PIN.NO. ....

Nationality:.....Ethnicity .....

Home County:.....Sub County .....

Constituency:.....

Postal Address:.....Code:.....

Town/City: .....

Mobile No:.....

E-mail address:.....

Name of alternative contact person:.....

Mobile No.....

Relationship.....

- Are you living with a disability? Yes  No

If yes, give; Details/Nature of Disability.....

- Details of Registration with the National Council for People with Disabilities (NCPWD No. and date)

.....(attach copy of the card)

**3. INTERN WHO IS AN EMPLOYEE IN PUBLIC SERVICE ONLY**

Ministry/State Department/ County/Other Public Institutions:.....

Station:.....

Personal/Employment No: .....

Present Substantive Post: .....Job group/Scale/Grade:.....

Date of Current Appointment (dd-mm-yyyy).....

Terms of Service:  Permanent & Pensionable  Contract

Other, Please specify: .....

#### 4. INTERN IN OTHER EMPLOYMENT

Current employer (where applicable):.....

Position held:.....

Date of Current Appointment (dd-mm-yyyy).....

Terms of Service:  Permanent & Pensionable  Contract

Other, Please specify: .....

#### 5. OTHER PERSONAL DETAILS

Have you ever been convicted of any criminal offence or a subject of probation order?

Yes  No

If Yes, state nature of offence, the year and duration of conviction .....

*(Declaring the above information will not necessarily debar an intern from the Internship Programme in the Ministry of Health.)*

#### 6. ACADEMIC QUALIFICATIONS. (Starting with the Highest)

Year		University/ High School	Award/Attainment (e.g. Masters, Bachelors, Degree, KCSE)	Course/Programme (e.g. PhD, MSc, BA, O'Level)	Specialization/Subject (e. g Econ, Maths, Sociology e.t.c)	Class/Grade
From	To					

#### 7. EMPLOYMENT DETAILS - WHERE APPLICABLE (starting with the current or most recent)

Year	Designation/	Job Group/Grade /Scale	Ministry/State Department/ Institution/
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		Position	Gross Monthly Salary (Ksh.)	Organization
From (dd-mm- yyyy)	To (dd-mm- yyyy)			

**8. REFEREES**

1) Full Name:.....  
Occupation:.....  
Address:.....Post Code:.....City/Town: .....  
Mobile No:..... E-mail address:.....  
Period for which the referee has known you:.....

2) Full Name:.....  
Occupation:.....  
Address:.....Post Code:.....City/Town: .....  
Mobile No:..... E-mail address:.....  
Period for which the referee has known you:.....

**9. DECLARATION**

I certify that the particulars given on this form are correct and understand that any incorrect /misleading information may lead to disqualification and/or legal action.

Date: .....

.....

**(dd-mm-yyyy)**

**Signature of the inter**

