



**ATTACHMENT FORM**

**PART A**

**TO BE FILLED BY THE APPLICANT**

1. Name of Trainee .....
2. ID. No. ....Mobile No. ....Email .....
3. Year of Study .....(E.g. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>)
4. Student’s Institution Registration No.....
5. Contact Address .....Next of Kin (Name/Mobile No.).....
6. Course of Study .....College/University .....
7. Department to be attached in KBC.....Section.....  
(Please specify the department and section you wish to be attached).
8. Period to be attached .....

**COMMITMENT.**

We the undersigned fully accept that: -

Any liability that may arise during the course of the trainee attachment in the Corporation as a result of his/her negligence, deliberate act of omission will be borne jointly and severally by the sponsoring institution/college/organization and the trainee concerned. We therefore undertake individually and severally to fully compensate Kenya Broadcasting Corporation for the loss of damage there-by occasioned.

Name of the College/University .....

College/University Pin No.....

College/University Address.....Tel.....

Name of the Principal/Dean .....

Signature .....

Date .....Official Stamp

Issue Date: April 2015

Revision Status: 01

**PART B: FOR OFFICIAL USE ONLY**

1. Department for which attachment is recommended

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Duration attachment.....months

**2. HEAD OF DEPARTMENTS COMMENT**

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Designation ..... Signature..... Date.....

**3. HUMAN RESOURCE DEPARTMENT REMARKS**

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

**4. APPROVAL BY MANAGING DIRECTOR**

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