

KENYA DEPOSIT INSURANCE CORPORATION


APPLICATION FOR INTERNSHIP FORM

Please complete this form in BLOCK LETTERS and email to Intern_attach@kdic.go.ke

(Do not attach any other document)

Full name	WIKESHA ELTON SIMITU		
Date of Birth	27/06/1999		
National Identity Card Number	36694362		
Gender	MALE		
Personal Identification Number (PIN)	334		
Postal Address	Postal Code: 50200	Town: BUNGOMA	
E-mail Address	eltonsimitu99@gmail		
Mobile Telephone Number	0745664742		
Home County	BUNGOMA	Sub-County	SIRISIA
Ethnicity	LUHYA		
Educational/Professional Qualifications (List Degree/Diploma/Certificate)	1.	K.C.S.E (B)	
	2.	BSC. COMPUTER SCIENCE	
	3.		
	4.		
	5.		
Disability Status: Yes/No	No		
	If yes state the nature and NCPWD number: N/A		
University/Institution	RONGO UNIVERSITY		
Year of Graduation	2021		
Class/Grades	SECOND CLASS (UPPER)		
Area of Interest (Select from advertised areas)	INFORMATION COMMUNICATION SECURITY		

I certify that the above information is true to the best of my knowledge.

Name: WIKESHA ELTON SIMITU Signature:  Date: 14/08/2024