

KENYATTA UNIVERSITY DEPARTMENT OF MATHEMATICS

SECOND KENYATTA UNIVERSITY WORKSHOP ON MATHEMATICAL MODELLING, 2017

12TH - 16TH JUNE 2017

APPLICATION FORM

Surname:	••••	First Name		e Name	Gender
Current Employment:		Research Institution/University		Position	
					•••••
Faculty:		Г	epartment: .		
Specific Topic	of Interest: .				
Email:					
Education (Hig	ghest Degre		1	D 011	• 1
University 		Year Attende		Degree Obt	
Notes:					
(1) F	ill the form	and submit it online.			
(2) Γ	Download the form, fill and send it as an attachment to the Email:				
	mathsec017@gmail.com and cc. dmalo2004@gmail.com Make Payment either by:				
	Make Payment either by: Cheque: Payable to Kenyatta UniversityOR				
` '	Direct deposit: To National Bank of Kenya, Ruiru Branch				
` '	Account Name: Kenyatta University AICAD Research Project				
	Account Number: 01021010781400				
	Swift code: NBKEKENXXXX				

For more information contact: Prof. David M. Malonza, Chairman, Organizing Committee

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