



Kenya Medical Research Institute
Computer Network Access
Information Communication Technology Services

Applicant Details - (Please PRINT clearly in BLOCK letters.)

Family Name or Surname

First Name or Given Name

Middle Name

**Employee ID Number **

Cadre (Designation)

Office Ext. Telephone Number

Location in KEMRI

Centre/Department

Duration (FROM, Month-Year)
(If on Contract or Student)

Duration (TO, Month-Year)
(If on Contract or Student)

Email / Network Access Requested

Network Access and Email Account

Network Access Only

Applicant Declaration

I understand and agree that access is granted on the condition I honour the Institutes contractual obligations with regard to the use of and copyright of computer software. I agree to observe the Institutes Approved ICT Policy on the Use of Institutes Information Technology Facilities (Available from <http://www.kemri.org>)

Applicant's Signature

Date Signed

Email / Desktop Network Authorisation

I certify the applicant is a Staff member/Student on Attachment. (Affix official stamp, form not valid without an official stamp)

Authorising Signature (Centre Director or
Head of Department Secretariat)

Name of Signatory

Phone Number

Date Signed

Please submit your completed application to the KEMRI IT Help Desk.

Official Use Only

NETWORK ADMINISTRATOR

Approved/Not Approved

Serial/Helpdesk
Number#: _____

Username Issued: _____

Processed By: _____

Date Account Created: _____

HEAD OF ICT

Signature: _____

Date: _____