FOR OFFICIAL USE ONLY:
ORGANIZATION:
NAME OF THE COMMITTEE: DOCUMENT DESCRIPTION AND PROCESSING LANGUAGES TECHNICAL COMMITTEE
TECHNICAL COMMITTEE (TC) MEMBER'S NOMINATION FORM
NOMINEE:POSITION:
POSTAL ADDRESS: ,
TELEPHONE: FAX: E-MAIL:
ADDITIONAL INFORMATION (Including academic/professional training and experience and the nominee's brief job description):
AUTHORIZING PERSON:POSITION:
SIGNATURE: DATE & STAMP:
Complete in duplicate and return the original (retain a copy) to Kenya Bureau of Standards for the attention of MR. Z.I MWATHA.