



REPUBLIC OF KENYA

DECLARATION BY REFEREE ON DR.....

APPLICATION FOR CERTIFICATE OF GOOD STANDING/STATUS

I Dr./Prof. (Names in full).....

(indicate Full Names as they appear in the Register)

Reg. No.....

of P O Box .....being a .....(state occupation)

Telephone (Mobile).....Office .....Residence.....

Email.....

Do hereby declare that I have been and I am well acquainted with the said

Dr.....

Reg. No./Licence No.....of Box.....Code.....

For the past.....years; and further declare that

During this time he/she: -

- (i) Has been engaged in Medical/Dental practice.
(ii) Has conducted himself/herself well socially and in a responsible manner.
(iii) His/Her character and conduct have been

(iv) Reasons for certificate of status.....

Date.....Signed.....

- N/B: - 1. Not to be completed by any relative of the applicant.
2. A fee amounting to Kshs.10,000 should accompany the application.
3. A photocopy of current Registration Certificate/Licence to Render Medical Services must be attached.

FOR OFFICIAL USE:
Approved/Not approved
Name.....
Signature.....Designation.....
Date.....