



FORM II

REPUBLIC OF KENYA
THE MEDICAL PRACTITIONERS AND DENTISTS ACTS
(CAP 253)
APPLICATION FOR REGISTRATION AS A MEDICAL PRACTITIONER OR DENTIST

- 1. Surname (BLOCK LETTERS)
2. Other Names (BLOCK LETTERS)
3. Address.....Code .....Town.....
4. Telephone No.....Mobile.....Residence.....Email.....
5. Place and Date of Birth.....
6. Nationality.....
7. Degree, Diploma or Licence held (give name of medical school and date qualified)
8. Particulars of Experience (e.g. post held, type of practice in which engaged, country in which the applicant has practiced; dates must be clearly stated)
9. Number and Date of Original Registration in Kenya (when applicable)
10. Testimonials Covering the Period(s) of Experience
11. What arrangements, if any, have been made regarding your employment?

A fee of Kshs.5,000 is payable for a new registration. Enclose 2 passport size colour photographs. In the cases of entitlement to registration under section 26 (2) and reinstatement of name to the register under section 8 (3) (c) the fee payable is Kshs.30,000

Signature of Applicant: .....Date .....

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