



MEDICAL PRACTITIONERS AND DENTISTS BOARD

APPLICATION FOR REGISTRATION AS A MEDICAL/ DENTAL STUDENT

Please use block letters and return to: The Registrar, Medical Practitioners & Dentists Board, P. O. Box 44839 – 00100 Nairobi
TO BE DULY COMPLETED BY STUDENT

A. PERSONAL PARTICULARS

Surname:

Other Names:

Identity No.

Postal Address: Code:

Tel Mobile:

Fax: Email:

Gender: Male Female

Nationality:

I hereby apply to register **as a student** in Medicine/ Dentistry

Mean grade in KCSE or its equivalent: Other Qualifications:

SIGNATURE: **DATE:**

B The following is submitted in support of my application

- 1) Registration fee: Kshs.200.00
- 2) Three passport size photographs (colored)
- 3) A certified copy of my birth certificate and identity card

C TO BE COMPLETED BY THE UNIVERSITY WHERE THE STUDENT IS ADMITTED

Name of University

Date of enrollment day Month year.....

Year of study in the programme: 1 2 3 4 5 6

Degree to be awarded

.....
SIGNATURE: REGISTRAR ACADEMIC/ DEAN (Official Rubber Stamp) **Date:**

FOR OFFICIAL USE ONLY:

Received on: Amount: Receipt No:

Reg. Nos: Date: