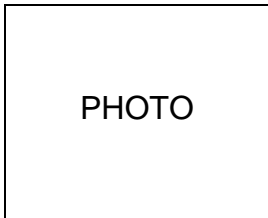




REPUBLIC OF KENYA
THE MEDICAL PRACTITIONERS AND DENTISTS ACTS
(CAP 253)
APPLICATION FOR LICENCE FOR PRIVATE MEDICAL/DENTAL PRACTICE



FORM VI

1. Surname (BLOCK LETTERS)
2. Other Names (BLOCK LETTERS).....
3. Address.....Code
- Tel No..... Mobile..... Residence..... Email.....
4. Place and Date of Birth.....
5. Nationality.....
6. Registration No. and Date.....
7. Particulars of Experience (*e.g. posts held and types of practice in which the applicant has been engaged and countries in which the applicant has practiced*)
 - Medicine.....
 - Surgery.....
 - Paediatrics.....
 - Obstetrics/Gynaecology.....
 - Others.....
8. Do you propose to practice on your own behalf or to be employed whole-time or part-time by a Private Practitioner (*give details*).....
9. What type of practice do you purpose to engage in? Specialist/General Practice. If Specialist please specify the discipline
10. Place of Practice (district, city, or town, market, plot number, give details)
11. Is this a New Application or a Renewal?.....
 - Kenyans**
 A fee of Kshs.12,500 is payable annually for Specialist Practice
 A fee of Kshs7,500 is payable annually for General Practice
 A fee of Kshs5,000 is payable annually for Part-time Practice
 - Non-Kenyans**
 A fee of Kshs.20,000 is payable annually for Specialist Practice
 A fee of Kshs.15,000 is payable annually for General Practice
 A fee of Kshs.10,000 is payable annually for Part-time Practice

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

FOR OFFICIAL USE:

Approved/Not approved

Name.....

Signature.....Designation.....

Date.....