MEDICAL PRACTITIONERS AND DENTISTS BOARD

APPLICATION FOR

REGISTRATION AS A MEDICAL/ DENTAL STUDENT

(Please use block letters and return to the addresses provided at the end)

TO BE DULY COMPLETED BY THE STUDENT

1. PERSONAL DETAILS

Surname .....First Name.....Middle Name.....

ID No.....Passport No.....Country of issue.....

Postal address .....Code.....Town.....County.....

KCSE Mean Grade.....Other if not KCSE.....

Mobile No .....Email Address.....

Date of Birth (DD/MM/YYYY).....

Gender: Male ☐ Female ☐ Nationality: .....

Previous Training institution if any.....

Name of University.....Postal Address .....Postal Code .....Town.....

Tel. Number.....Email.....Country.....

Admission Number.....

Date of enrollment (DD/MM/YYYY).....Year of Study.....

Course Type: Medicine ☐ Dentistry ☐

Degree to be awarded .....

SIGNATURE: ..... DATE: .....

2. REQUIREMENTS

a) Certified copy of the KCSE certificate/ result slip or its equivalent
b) Certified copy of birth certificate and ID or passport
c) Two colored passport size photos
d) Registration fee - Kshs. 1000 (**All payments should be made via **Medical Practitioners and Dentists Board, KCB Bank Account No: 1103158643, Milimani Branch)***

OFFICIAL USE ONLY

A) FOR UNIVERSITY *(To be completed and stamped by Dean-Medical School)*-I confirm that the above student with above **adm.no** is a bona fide student of the above institution.

Name.....

Date.....

Signature.....

B) MEDICAL PRACTITIONERS AND DENTISTS BOARD

Approved.....

Date.....

Signature.....

Physical Address: MP&DB House- Woodlands Rd off Lenana Rd

Tel: +254 20-272 8752 |+254 20 272 4994 |+254 20 271 1478

Mobile: +254 720 771 478 |+254 736 771 478

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