



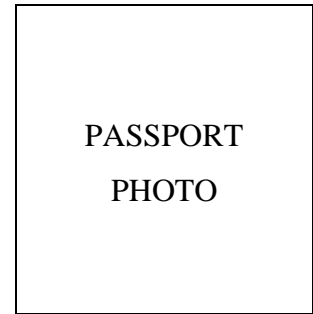
**THE CLINICAL OFFICERS
(TRAINING, REGISTRATION AND LICENSING) ACT (No. 20 of 2017)
APPLICATION FOR INDEXING**

SURNAME (MR/MRS/MISS)

(e.g. Father's/Husband name) (Full names in Block letters)

FIRST NAME.....

OTHER NAMES(S).....



CITIZENSHIP:ID.NO/PASSPORT NO.....

DATE OF BIRTH: Day..... Month..... Year..... AGE.....

NEXT OF KIN TELEPHONE

SECONDARY SCHOOL/COLLEGE ATTENDED:

.....

CERTIFICATE HELD:CERTIFICATE NO.....

GRADE (WHERE APPLICABLE)

NAME OF TRAINING INSTITUTION.....

ADM NO.....COURSE.....

DATE OF COMMENCEMENT OF TRAINING.....

INDEX FEE OF KSHS.....(ATTACH BANK SLIP)

If previously registered with the Clinical Officers Council

COC REGISTRATION NO.....
DATE OF REGISTRATION/ENROLMENT.....
WORKSTATION.....
PERSONAL NUMBER (For those in Public Service).....

DECLARATION

CANDIDATES SIGNATURE.....
To the best of my knowledge the particulars given above in respect to my application are correct

HEAD OF DEPARTMENT

FULL NAME.....
SIGNATURE..... DATE.....
DESIGNATION.....
OFFICIAL STAMP.....

NB. If the names given at the top of this form is different from that under which the applicant is already registered with this Council, documentary evidence of legal change of name must accompany this form.

THIS FORM MUST BE COMPLETED AND RETURNED TO:-

THE REGISTRAR CLINICAL OFFICERS COUNCIL OF KENYA
P.O BOX 19795 K.N.H
NAIROBI, KENYA

WITHIN 60 DAYS OF COMMENCEMENT OF TRAINING

Please note that the name given above is the one under which the applicant will be indexed and which must be used in all communications with this Council.