



Serial NO

Clinical Officers Council

PLEASE USE BLOCK LETTERS

**APPLICATIONS TO BE ENTERED ON THE INDEX OF STUDENT: DIPLOMA IN CLINICAL MEDICINE AND SURGERY/
BACHELOR OF SCIENCE IN CLINICAL MEDICINE AND COMMUNITY HEALTH (Tick Whichever is appropriate)**

LEGAL NAME please note that the name given below is the one under which the applicant will be indexed and which must be used in all communications with this council

INDEX NUMBER
(Official use only)

NO.....

SURNAME (MR/MRS/MISS).....
(e.g. Father's/Husband African Name)

FIRST NAME..... MIDDLE NAME (S).....

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

DATE OF BIRTH..... TELEPHONE NO.....

SECONDARY SCHOOL ATTENDED.....

CERTIFICATE HELD..... CERTIFICATE NO.....

GRADE.....

NAME OF TRAINING INSTITUTION..... COLLEGE NO.....

DATE OF COMMENCEMENT OF TRAINING.....

If previously indexed with this council; state the INDEX NO.....

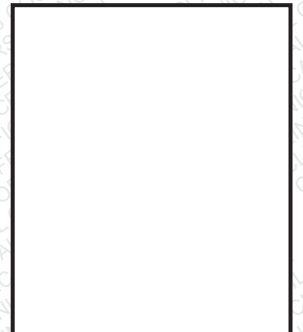
C.O.C REGISTRATION NO.....

DATE OF REGISTRATION.....

INDEX FEE OF KSHS..... ENCLOSED

CANDIDATES SIGNATURE

PHOTOGRAPH



To the best of my knowledge the particulars given above in respect of the applicant are correct.

FULL NAME..... HEAD OF DEPARTMENT

SIGNATURE..... DATE.....

QUALIFICATIONS.....

N.B. 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 WITHIN 30 DAYS OF COMMENCEMENT OF TRAINING

**TO:-
THE REGISTRAR CLINICAL OFFICERS COUNCIL
P.O BOX 19795 K.N.H
NAIROBI, KENYA**