

NURSING COUNCIL OF KENYA

DEPARTMENT OF REGISTRATION AND LICENSING

P O Box 20056 00200 TEL: 254-0203873556 fax 254-02-3873585 email:info@nckkenya.org

Off Ngong Road, Kabarnet Road, Kabarnet Lane.Nairobi

APPLICATIONS TO BE ENTERED ON THE INDEX OF FOREIGN STUDENTS

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

SURNAME **Efternavn** INDEX NUMBERS (official use only) No **UDFYLD IKKE**

MIDDLE NAME **Evt. mellemnavn** RELIGIOUS NAME **Fornavn(e)**

CITIZENSHIP **Nationalitet** PASSPORT NO **Pasnummer**

CURRENT ADDRESS **ActionAid International Kenya**

DATE OF BIRTH **Fødselsdato**

NAME OF TRAINING SCHOOL/HOSPITAL **Navn på dit studiested i Danmark**

DATE OF COMMENCEMENT OF TRAINING **Ankomstdato til Kenya**

Name of the institution/hospital (Kenya) for attachment **UDFYLD IKKE**

INTENDED PERIOD OF STAY **Ankomst- og hjemrejsedato i Kenya**

If Previously Indexed With This Council, state **UDFYLD IKKE**

INDEX NO **UDFYLD IKKE**

If previously registered or enrolled With this council state Registered/Enrolment Number

REGISTRATION/ENROLMENT NO **UDFYLD IKKE**

DATE OF REGISTRATION/ENROLMENT **UDFYLD IKKE**

INDEX FEE OF USD 50 ENCLOSED

APPLICANT SIGNATURE **Underskrift**

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

THIS FORM MUST BE COMPLETED AND RETURNED TO:

The Registrar, Nursing council of Kenya

P O Box 20056 - 00200

NAIROBI KENYA

- Attach
1. Copy of Passport
 2. Copy of introduction letter from the training school
 3. Letter from the host institution

PHOTOGRAPH

INDSÆT IKKE

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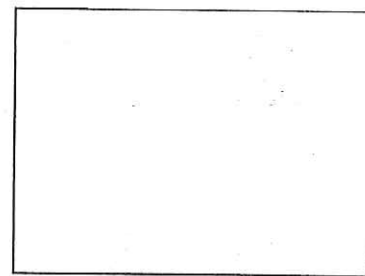
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