



PHYSIOTHERAPY COUNCIL OF KENYA

INDEXING FORM FOR PHYSIOTHERAPY STUDENTS

TO BE DULY COMPLETED BY THE STUDENT**1: PERSONAL DETAILS**

SurnameFirst Name.....Middle Name.....

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

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

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

Certificate Number.....

Mobile NoEmail Address.....

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

Gender: Male Female

Nationality:

Previous Training institution if any.....

Name of training institutionPostal Address

Postal CodeTown.....

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

Admission Number.....

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

Course Type: Diploma/Higher Diploma/BSc/MSc

Signature of applicantDATE.....

REQUIREMENTS

- (a) Certified copy of the KCSE certificate/ result slip or its equivalent b)
- (b) Certified copy of National ID (both sides) or passport
- (c) Two colored passport size photos
- (d) Registration fee - Kshs. 5000

**All payments should be made at any Kenya commercial bank Branch countrywide to Board's account
No. 1208584197, Kencom Branch; SWIFT CODE: KCBLKENX , BANK CODE: 01 , BRANCH CODE : 100**

FOR OFFICIAL USE

CHECKED BY: -	APPROVED/NOT APPROVED
Name.....	Name.....
Designation.....	Designation.....
Signature.....	Signature.....
Date.....	Date.....