



## PHYSIOTHERAPY COUNCIL OF KENYA

### INDEXING FORM FOR PHYSIOTHERAPY STUDENTS

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#### 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.....

Certificate Number.....

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

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

Gender: Male ☐ Female ☐

Nationality: .....

Previous Training institution if any.....

Name of training institution .....Postal Address .....

Postal Code .....Town.....

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

Admission Number.....

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

Course Type: Diploma/Higher Diploma/BSc/MSc

Signature of applicant .....DATE.....

## 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

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