



REPUBLIC OF KENYA
KENYA CITIZENSHIP AND IMMIGRATION ACT, NO.12
FORM 32
APPLICATION FOR *VISITORS/TRANSIT/PROHIBITED IMMIGRANT'S OR
INADMISSIBLE PERSON'S/SPECIAL PASS
AFFIX
PHOTO



Application for (Tick where applicable)

VISITORS PASS

TRANSIT PASS

PROHIBITED IMMIGRANT'S OR INADMISSIBLE PERSON'S PASS

SPECIAL PASS

PARTICULARS OF THE PERSON TO WHOM THE PASS IS TO BE ISSUED

1. Full name: MALAYIL THOMAS GITHIN

Sex: MALE

2. Nationality: INDIAN

3. Date and place of birth: 12 Feb 1984, United Arab Emirates

4. Profession: : DOCTOR

5. Job title SENIOR PHYSICIAN

6. Job description:EXAMINES PATIENTS, UTILIZING A VARIETY OF MEDICAL EQUIPMENT, INSTRUMENTS AND TESTS, FOLLOWING STANDARD MEDICAL PROCEDURES.

7. Name of Employer:MAX CURE HOSPITALS LIMITED

(a) Postal address

3522-30100
KISUMU

(b)
Telephone
No:

254114333333

8. Passport(s) or other travel document(s) No R5972411

9. Place(s) of issue of passport(s) or travel:TRIVANDRUM

Date(s) of issue of passport(s) or travel:06 Nov 2017

10. Reasons of visiting Kenya:EMPLOYMENT

11. Date of arrival in Kenya:01 Feb 2023

12. Period of time required:THREE MONTHS

13. Physical Address in

kenya:City:KISUMU,Town:KISUMU,Location:KISUMU,Street/Road:KISUMU,Plot
Number:Kisumu

14: Particulars of any permit or pass earlier issued or applied by the applicant

Type of permit/Pass:E-SPECIAL PASS

Permit No.: 3187732

Date issued: 2023-06-09

Duration: THREE MONTHS

(To be signed and stamped by organization).

Date:.....

Signature:.....

NOTES

This application cannot be considered unless all the required particulars are completed in full.

*Delete whichever is inapplicable

OFFICIAL USE

DECISION: APPROVED/NOT APPROVED/DEFFERED

REMARK:

OFFICER:

SIGN.:

DATE:.....