

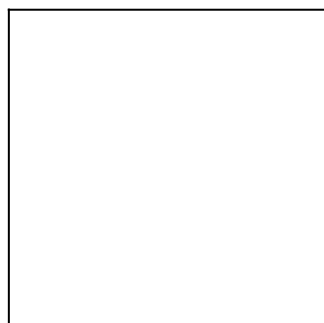
Ref: KNDI/ INDEXING/FORM/004

APPLICATION FOR STUDENT INDEXING

1. The index number is a means of verification and confirms that you are a bona fide student of nutrition and dietetics in an accredited training institution.
2. The index number captures student’s information. This number will be used to collect data on nutritionists and dietetics professionals and aid in planning and forecasting.
3. Each student will be issued with an index card upon verification that they have met all the academic requirements for admission. In addition, each student will be issued with an indexing package that includes the training syllabus, KNDI prospectus and index number which will be contained in the indexing card.
4. The confidential identifier will be essential for each student and will be used in professional transactions in the course of your training.
5. Each student index number will be entered into the KNDI regulatory database and will be confidential. This number will be essential during administration of your registration examination.
6. Each student will be required to pay 10,000 Kenya Shillings for the indexing package, database maintenance and other training regulation services to **Account No. 046000005614, Family Bank Kilimani Branch. Account Name, Kenya Nutritionists and Dieticians Institute (KNDI).**

Kindly fill this indexing form accurately and return it to KNDI through your training institution. The form should be accompanied by a certified copy of your secondary school certificate, copy of the national ID, and two colored passport size photographs.

SECTION A



Attach passport size photo

Name:.....

(Surname)

(Other Names)

Contact Address.....

Permanent Address.....

Tel No..... Mobile Telephone No.....
 Email.....
 Date of Birth: Day..... Month.....Year.....
 Country of Birth: County of Birth.....
 Citizenship.....
 National I. D No..... Passport No.....
 Gender: Male Female
 High School Grade (K.C.S.E)..... Others (Specify).....
 Course.....
 Training Institution.....
 Country of Training Institution.....
 Institutional admission Number.....

Note: the fees may vary from time to time

SECTION B
DECLARATION BY APPLICANT

I hereby declare that to the best of my knowledge, the information provided herein is accurate.

Signature..... Date...../...../.....

SECTION C

Part E. For official use only

1. **Receiving Officer** (To verify that all documents are enclosed)

Name of Officer.....Signature..... Date...../...../.....

2. **Technical Manager** (To verify that all the accreditation documents enclosed are correct, adequate and meeting the minimum standards to begin training)

Recommendation

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Name of Officer.....Signature..... Date...../...../.....

3. **Final Approval; Chief Executive Officer** (To verify that all the recommendations are made by relevant committees for final Approval)

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Name of Officer.....Signature..... Date...../...../.....

Part E. Registrar (To allocate Registration number)

Index No. (To be sealed with official stamp)