

Ref: KNDI/INDIVIDUAL/LICENSE /FORM/002

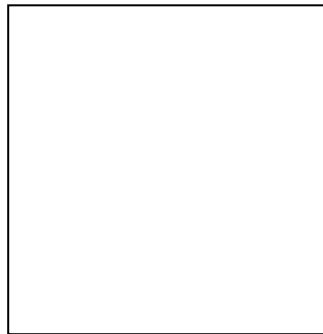
THE KENYA NUTRITIONISTS AND DIETICIANS ACT No. 18 of, 2007

APPLICATION FOR A REGISTRATION/PRACTICING LICENCE (BOTH KENYANS & NON-KENYANS)

**Application for Individual Practice License
(Read Instructions Carefully Then Fill the Form)**

Attachments

1. Evidence of Payment of fee (Attach a bank deposit slip **(Ksh. 5, 000)**)
2. National ID/Passport and/or Work permit (Certified copies)
3. Certificates (Certified copies, Certificate, Diploma or Degree)
4. Transcripts (Certified copies)
5. O-Level or A-level certificate (Certified copy)
6. Affix 2 recent 2 X 2 photos of yourself in the space provided, on the right top of this page
7. N/B In case of change of name kindly attach a copy of affidavit



Attach passport size photo

1. **Applicant Name**
 Last..... First..... Middle.....
 Maiden Name/Name/Another Name:
2. **National ID number/Passport:**
3. **Permanent Address:**.....
 Postal Code..... County
4. Business/Work Address (if Applicable)
 Tel No: Mobile Phone Email.....
5.
 Postal Code..... County
6. Which Address should appear on your Registration Card? (Tick)
 Permanent Business

4. Educational Background (Tick all that apply)

1) Highest Relevant Qualification

PhD	<input type="checkbox"/>
MSc	<input type="checkbox"/>
BSc.	<input type="checkbox"/>
Dip.	<input type="checkbox"/>
Cert.	<input type="checkbox"/>

2) Academic Qualification

Nature of Qualification	Details
Doctor of Philosophy (PhD)	
Academic Subject Major	
Institution/College Name	
Institution /College Location (Physical address):	
Year of Completion	
Duration	
Master of Science (MSc.)	
Academic Subject Major	
Institution/College Name	
Institution /College Location (Physical address):	
Year of Completion	
Duration	
Bachelor of Science (BSc.)	
Academic Subject Major	
Institution/College Name	
Institution /College Location (Physical address):	
Year of Completion	
Duration	
Classification	
Diploma	
Academic Subject Major	
Institution/College Name	
Institution /College Location (Physical address):	
Year of Completion	
Duration	
Grade	
Certificate	
Academic Subject Major	

Institution/College Name	
Institution /College Location (Physical address):	
Year of Completion	
Duration	
A-Level	
Name of the School Attended	
Country	
Location (Physical address):	
Year of Completion	
Duration	
Mean Grade	
O-Level	
Name of the School Attended	
Location (Physical address):	
Year of Completion	
Duration	
Mean Grade	

Attach certified copies of certificates and transcripts

3) **Employment Status:**

Employed

Unemployed

Specify

5. Area of Practice..... Duration.....

Declaration:

I declare and certify the information given above is true.

Applicant signature Date/...../.....

FOR OFFICIAL USE ONLY

Part D. KNDI MEMBERSHIP* APPLICATION FORM: checklist at reception

Name of Applicant..... Index Number.....

National ID/PP..... Date/...../.....

Check/Tick as Appropriate

Nature of application	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Upgrade <input type="checkbox"/>	Replacement <input type="checkbox"/>
Application form is fully filled			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Original bank deposit slip is attached			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Level of membership applied for	Certificate <input type="checkbox"/>	Diploma <input type="checkbox"/>	Degree <input type="checkbox"/>
Minimum requirements met	Cert = D	Dip = C-	Deg = C+
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2 passport photos attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Relevant certificates attached (Registrar's stamp)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Relevant transcripts attached (Registrar's stamp)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Copy of national ID attached (produce original)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other Requirements if Foreign Applicant:			
Valid Copy of passport (produce original)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Valid Work permit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Certified transcripts and certificates((CUE, KNEC stamp of equivalence)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
CPD threshold	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Original bank deposit slips attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Remarks:

Approved
 Not Approved

Reason/Remarks.....

INTERNAL TRACK/TRACE RECORD

Receiving officer..... Sign..... Date/...../.....
 KNDI Technical Manager..... Sign..... Date/...../.....
 KNDI CEO..... Sign..... Date/...../.....
 Date to printer...../...../..... Date certificate received/...../.....
 Date certificate awarded:/...../.....
 Student signature

For professional practice fill the relevant form. Renewals are subject to CPD evidence

KNDI SUMMARY FORM:

Name of Applicant.....
 National ID/PP..... Date/...../.....
 Date of application...../...../.....

Qualifications:

PhD	
MSc	
BSc.	
Dip.	
Cert.	

Relevant documents attached (Registrar's stamp): Yes No

Approved for printing: Yes No

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

.....
.....

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)

.....
.....

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

Part F. Registrar (To allocate Registration number)

Registration No. (To be sealed with official stamp)

Fee Payable to:

Kenya Nutritionists and Dietician Institute
Account Number. 01128125024600
Bank: Co-operative Bank of Kenya
Branch: Nairobi Business Centre Branch