

EXAMINATION APPLICATION FORM; DEGREE

This application **MUST** be completed in **FULL** and presented at the KNDI offices *upon graduation and completion of the internship programme.*

For those sitting the exam for the first time, the exam fee is part of indexing fee. For a second attempt or change of name or alteration of specialty, a charge of **Ksh 500** will be required.

*Attach degree certificate/completion letter¹, transcripts², form four certificate³ and a copy of the index card⁴
Areas marked with asterisk are mandatory*

SECTION 1: APPLICANT'S INFORMATION

Surname: * _____ Other Names:* _____

Gender:* _____ Index Number:* _____

College registration number* _____

County: * _____ Address:* _____

City: * _____ Postal Code: * _____ Email: * _____

Phone: * _____ Date of Birth: _____ / _____ / _____

Institution (where studies were taken): * _____

Graduation date: * _____

Have you taken KNDI professional examination before? 1. YES 2. NO If so, what is your existing Membership number? _____ ID No.* _____

SECTION 2. PLEASE INDICATE THE PROFESSIONAL EXAM YOU WOULD LIKE TO SIT FOR (to be guided by professional area chosen)

Clinical Dietetics	
Clinical Nutrition	
Food Science Nutrition	
Food Service Diet Therapist	
Community Nutrition	
Public Health Nutrition	

Please tick order of entry to professional exam

1st Entry 2nd Entry 3rd Entry

Indicate preferred examination centre:.....
(Check the list of approved centres)

For degree candidates only:

Have you completed your internship? Yes No

Indicate the institution where the internship was done _____

Declaration

I hereby declare the foregoing information is true and correct to the best of my knowledge

Applicant signature _____ Date _____ / _____ / _____

For official use only:

Documents to be verified:

Degree – indexed student, proof completed internship and registration fee paid

Documents verified by:

Examination Officer _____ Sign _____ Date ____ / ____ / ____

Checked and Recommended by:

Technical Officer/Manager _____ Sign _____ Date ____ / ____ / ____

Approved by:

Chief Executive Officer _____ Sign _____ Date ____ / ____ / ____