



Application for Admission Rights

Thank you for your interest to admit patients to Kilimani Hospital. New doctors and consultants are requested to submit this form and the following documents:

- C.V
- Copy of I.D
- Copy of KMPDC practice license
- Professional Indemnity Insurance
- KRA Pin Number
- Two Professional Referees

You will be informed once the application has been reviewed and processed. If your application is successful, you will be required to renew, update and submit your licence and insurance details annually.

Doctor's Full Names:				
Specialty:				
Degrees (Institution)				
P.O. Box	Mobile No.	Email address.		
		
Professional Memberships & Associations				
MPDB Reg. No.	Date Issued:		Private Practice No.	
Professional Indemnity & Insurance Details	Insurer	Expiry	Policy No	Limit
Professional Referees	Dr.	SPECIFY SPECIALTY		MOBILE NO.
	Dr.	SPECIFY SPECIALTY		MOBILE NO.
Other hospitals where you currently have admission rights.	1. 2. 3.			

Doctor's Signature _____ Date _____

For Kilimani Hospital Official Use Only

Application approved by
Date & Official stamp