## KMLTTB/TRN/06





# KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD INDEXING APPLICATION FORM

Pursuant to the Medical Laboratory Technicians and Technologists Act (CAP 253 Laws of Kenya)

O	INDEXING APPLICATION FORM		DOCUMENT CONTROL  Serial: KMLTTB/TRN/06	
KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD Make Testing a Safe Reality		REGISTRAR	Revision No. 001  Revision Date: 22 <sup>ND</sup> MARCH 2024	

Indexing of Medical laboratory Sciences students by the Board is should be done within 30 days after admission into an approved medical laboratory science medical institution. All institutions approved to offer Medical Laboratory Sciences Programme must present for indexing as students are not expected to present themselves.

### Indexing requirements:

2 Colored Passport photos, Clear KCSE Certificate copy and National ID copy/Passport or Birth Certificate copy

#### Minimum Requirements:

**Degree** – English/Kiswahili C+ (Plus)or better, Mathematics/Physics C+(Plus)or better, Biology C+(Plus)or better, Chemistry C+(Plus)or better, Mean grade: C+(Plus)or better

**Diploma** – English/Kiswahili C(Plain)or better Mathematics/Physics C(Plain)or better, Biology C(Plain)or better, Chemistry C(Plain)or better, Mean grade: C(Plain)or better

## TO BE FILLED BY INDIVIDUAL STUDENTS

1.	Surname
2.	Other names
3.	National ID/ Passport No
4.	Current Address
5.	Permanent Address
6.	Mobile No
7.	E-mail
8.	Date of BirthPlace
9.	Nationality
10	Name of college/University
11	KMLTTB Registration/Approval No of college/university
12	Date of Admission
13	Level of Admission (Degree/Diploma)
14	Admission No
15	Year of study (Academic year)
16	Ihereby confirm that I meet the minimum
en	try requirement for the level of training that have been offered to pursue in medical laboratory sciences.
St	udent's signatureDate

Attach certified copies of Certificates. (KCSE, Birth Certificate/ID/Passport, and Passport Size Photo). Foreign Certificates should be dully equated to KCSE by Kenya National Examination Council (KNEC) and / or Kenya National Qualification Authority (KNQA)

# TO BE FILLED BY HEAD OF DEPARTMENT OF MEDICAL LABORATORY SCIENCES DECLARATION BY INSTITUTION PRESENTING THE STUDENT FOR INDEXING.

I,		of		
(College/University) KN	/ILTTB Registration / A	pproval No		
P.o Box		have on this	day of	20
Mobile		Email		
KMLTTB Registration N	O			
Do hereby without pre	ijudice dedare that to	o the best of my knowled	lge, that the information	on given herein by the
applicant is correct and	true to the best of my	y knowledge.		
Signature		.Designation		
318114441				
Official stamp:				
Endorsed by he	ead of the training inst	ritution		
Endorsed by ne	ad of the training mat	itation		
Name:		Desig	nation	
Sign		Date.		
G				
Official Stamp:				

# FOR OFFICIAL USE ONLY (KMLTTB INDEXING OFFICER)

Confirm the following documents are dully filled							
Tick as appropriate	Yes	No					
Kenya Certificate of Seconda							
ID/Passport Copy							
Passport Size Photo							
Equation of foreigned traine							
KNEC and/or KNQA							
Payment of requisite fee							
Approved for indexing							
If indexed indicate index nur							
If Not indexed indicate reaso							
Name	Sign	Date					
		_					