



Nº 006004

FORM III

REPUBLIC OF KENYA

(Rule 4)

REGISTRATION A No. ....

**THE MEDICAL PRACTITIONERS AND DENTISTS BOARD**

(THE MEDICAL PRACTITIONERS AND DENTISTS ACT, CAP. 253)

**CERTIFICATE OF REGISTRATION AS A MEDICAL PRACTITIONER**

Dr./~~Mr./Mrs./Miss~~ ANNA KASYOKA BARASA  
(Full Names—BLOCK LETTERS)

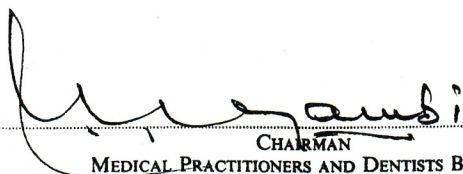
of P.O. Box 46091 Nairobi

Qualifications MB:Ch.B(Nairobi) 2006

has been registered as a Medical Practitioner in accordance with the provisions of section 6 of the Medical Practitioners and Dentists Act (CAP. 253)

Dated this 11th day of April, 2006

Seal of the Board.

  
CHAIRMAN

MEDICAL PRACTITIONERS AND DENTISTS BOARD



REGISTRAR

MEDICAL PRACTITIONERS AND DENTISTS BOARD

FOOTNOTES:

- (a) It shall be the duty of the holder of this certificate to inform the Registrar within 14 days of any change in his registered address (s. 9).  
(b) Reference should be made to the current published list in the Kenya Gazette for evidence of continued registration of the practitioner (s.10).  
(c) Signature of the holder ANNA