



**APPEAL FORM**

**Instructions to Applicants**

1. This form should be completed by candidates who wish to appeal on an examination outcome(s).
2. The form should be received by NCK within **fifteen (15) days** after the date of release of the examination results. Appeal forms received after the stated deadline will not be considered.
3. Attach a copy of your identification document and any relevant evidence including documents, photos, or information to support your appeal request.
4. The form should be delivered in person or sent by post or via NCK official email.

**A. Applicant’s information**

First name..... Middle name.....

Surname.....

*(as it appears in your identification document)*

Identity card /Passport No..... Index number.....

Exam number..... Name of Training institution

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Tel: No. ....

Email.....

**B. Details on examination appealed for**

Name of the programme..... Month and year of the exam

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Paper (indicate whether it is paper 1 or 2 or both) ..... Name of examination

centre.....

**C. Reason(s) for appeal**

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(attach any supporting documents)

**D. Declaration by student**

*I hereby declare that the information provided herein is true, accurate, and complete to the best of my knowledge and belief and I understand that any misrepresentation may lead to denial of the appeal.*

Name ..... Signature.....

Date.....

*The information provided in this form, and any additional supporting information that you provide, will be held by the Nursing Council of Kenya in accordance with the Kenya Data Protection Act 2019.*