Name….

 P.O BOX …..,

 TOWN……..

THE PRINCIPAL SECRETARY,

MINISTRY OF HEALTH,

P.O BOX 30016-00100,

NAIROBI.

ATTENTION: DIRECTOR, HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT.

REF: ACCEPTANCE LETTER

I ……… ……….. …………… of Identification Number ………………. do accept this offer for the post of Clinical Officer (DCM) Intern and the terms and conditions stipulated therein.

Sincerely,

SIGN……………………………..

DATE…………………………….