

ACADEMIC STAFF PROFESSIONAL PROFILE FORM



1. Personal Data

Name: DR FREDRICK KAGONDU
Title/Qualifications: DR , MBChB , MMED(Nrb) (OPHTHALMOLOGY)
Department/Unit/Section: SURGERY AND ORTHOPAEDICS
Contact Address: P.O. BOX 725 01000 THIKA
Position: LECTURER
Area of Specialization: OPHTHALMOLOGY
Research Interests: OCULOPLASTICS

2. Research

S/ No	Researcher	Year	Title	Donor	Funding (US\$)
	F.KAGONDU	1998	CAUSES OF OPTIC ATROPHY	SELF	-
	F KAGONDU	2006-2009	EYE COMPLICATIONS OF RIFT VALLEY FEVER	DVBD	-
	MOH	2004	TRACHOMA SURVEY IN KENYA	GOK	-

3. Consultancy and community service

S/No.	Consultant (s)	Consulting Person/ Body/ Organization	Year	Title Consultancy Service	Payment (US\$)
	CONSULTANT DOCTOR	AMREF	2009-CURRENT	FLYING DOCTOR SERVICE	VOLUNTEER
	BOARD MEMBER	KARIUA SECONDARY SCHOOL	2014	MEMBER	VOLUNTEER

4. Affiliation to Professional Bodies

S/No	Name of professional body
	KENYA MEDICAL ASSOCIATION
	COLLEGE OF OPHTHALMOLOGY OF EASTERN CENTRAL AND SOUTHERN AFRICA.

5. National and International awards and Recognitions

S/No	Name of award or Recognition	Awarding Organization/Body	Year
	FELLOWSHIP	INTERNATIONAL COUNCIL OF OPTHALMOLOGY	2010