Type 2 Diabetes mellitus (T2DM) is a major cause of concern because of its increasing prevalence rate globally with world highest rate is observed in the Arabian Gulf countries. Increase in prevalence of type 2 diabetes mellitus (T2DM) is associated with a consequent increase in the incidence of microvascular and macrovascular complications, including kidney disease. A survey in 2005 on patients undergoing renal replacement therapy in Oman showed that 22% of the cases are due to diabetic nephropathy. The incidence of diabetic nephropathy causing end stage renal disease has increased from 1.6% in 1985 to 51% in 2005. Development of early chronic kidney disease (CKD) complicates the management of T2DM and increases mortality. Currently, no data are available to estimate the prevalence of CKD stages in diabetic population. This study aims to estimate the prevalence of CKD stages in population of T2DM visiting primary health clinics. Methods: Total of 329 subjects (mean age 57 years) with confirmed diagnosis of T2DM were recruited. Serum levels of creatinine and urinary albumin were measured using standard tests in diagnostic laboratories. eGFR was calculated using the modified MDRD equation. Results: out of 329 subjects, 47% were females and 63% were male. The prevalence of CKD stages based on eGFR were as following: stage 1 (59.0%), stage 2 (17.9%), stage 3 (17.0%), stage 4 (3.6%) and stage 5 (2.4%). 36.1% of the patients showed microalbuminuria and 18.5% had overt nephropathy. Discussion and conclusion: the absence of early diagnosis and appropriate management of CKD in T2DM patients results in rapid deterioration of kidney function can rapidly deteriorate to ESRD. In the current cross-sectional study, 23.1% of T2DM diabetic patients in primary health clinic presented with CKD stage 3 or above and 18.5% showed overt nephropathy. These data provide insight about CKD in diabetes population and provide recommendation for further national policy toward early management of CKD.