



FORM B

Original/Duplicate

To be filled neatly and in CAPITAL/BLOCK LETTERS



**KENYA MEDICAL TRAINING COLLEGE
COLLEGE ADMISSION FORM**

SECTION A (APPLICANT'S):

1. Full Names:
2. College No.:
3. Course:
4. Identity Card No. /Birth Certificate No. /NPR No.:
5. Date of Birth:
6. Age: Gender:
7. Place of Birth (Sub county):
8. Religion:
9. Nationality:
10. Marital Status: Mobile No.....
11. E-mail Address:
12. If married:
 - a) Full Names of the Spouse:
 - b) Contact Address:
- Tel. No. 1:Tel. No. 2:
- c) Place of Employment:
13. Where you come from (As per ID/Passport):
 - a) County: Sub county.....
 - b) Division: Location:
 - c) Sub-Location: Village:
 - d) Chief: Sub-chief:
 - e) Chief's/Sub-Chief's Address:
 - f) Home/Postal Address:
 - Tel. No.:
14. Father/Mother/Guardian's Full Address:
 - a) Name:
 - b) Address:
 - c) Tel. No. 1: Tel. No. 2:



d) Occupation:
.....

15. Fees paid by (Tick Appropriately):

- a) Parent
- b) Self
- c) Sponsor Name:
Address:
Telephone Contact:
- d) Others (Specify):

16. Name of the nearest relative(s) who may be contacted in case of an emergency

- a) Full Names:
- b) Relationship with the student:
- c) Contact: Address:
Tel. No.:

17. Are you employed?

- a) If employed (give name of employer):
- b) Working Station (if employed):
- c) P/No.:
- d) Do you have a course approval?

18. Details of Academic Certificates:

- a) Level of Education:
- b) School Index No.:
- c) Mean Grade/Division:
- d) Name of School:
- e) School Address:

19. Subjects and Grades:

English Kiswahili Mathematics Biology Chemistry
Physics Physical Sciences Home Science Agriculture
Commerce Social Ed. & Ethics Geography
History/Government CRE/IRE Art & Design/Craft
Metal Works Building Drawing Others (Specify)

20. Hobbies:

21. Are you a contributor to National Hospital Insurance Fund?



22. Do you consider yourself having No..... any form of disability: Yes

If Yes give details

23. **UNDERTAKINGS: BY APPLICANT:**

- a) I promise to uphold the professional ethics and standards of the professional I am about to be enrolled into.
b) I undertake to observe and keep the rules and regulations of the Kenya Medical Training College.
c) I promise that I shall undertake to serve anywhere in Kenya after qualifying (Kenyans only).
d) I promise to uphold the ideals and standards of the College.
e) I promise to undertake to pay any damages I may cause to the College property.
f) I hereby certify that the information given above is true and correct and I solemnly accept the conditions of admission.

Name: ID. NO.:

Sign: Date:

WITNESSED: BY CLASS TUTOR:

Name: Sign: Date:

SECTION B: (FOR OFFICIAL USE ONLY):

Date of arrival to Kenya Medical Training College:

Expected date of completion:

Hostel:

Category of the student and payment status (Tick appropriately):

Table with 5 columns: S/NO., CATEGORY, FEES DUE, SUM PAID AT ADMISSION, REMARKS. Rows include Regular, Parallel, Parallel Module II, and Foreign categories.

APPROVAL: BY PRINCIPAL/HEAD OF DEPARTMENT:

I certify that, the information provided above is correct and the copies of slip, certificates and identity documents presented are correct in accordance with original documents.

Name: Signature:

Date: Stamp: