

Telephone: +254-2-2725711/2/3/4
Fax: +254-2-2722907
Website: www.kmtc.ac.ke
Email: admissions@kmtc.ac.ke



P.O Box 30195
00100, Nairobi
Kenya
Telegrams. "MEDTRAIN"

KMTC/QP-01/CAF **Kenya Medical Training College** **ISO 9001: 2008 Certified** **Ref No. _____**

**APPLICATION FORM FOR IN-SERVICE CANDIDATES
(HIGHER DIPLOMA, DIPLOMA AND CERTIFICATE COURSES 2012/13 ACADEMIC YEAR)**

Please complete this form send to the Director, KMTC P.O Box 30195 - 00100 Nairobi. The form should be filled in **BLOCK** letters. Attach copies of Professional certificates, Academic certificates, School leaving certificates, ID/Passport/Birth Certificate and Professional body registration certificate. Attach Application Fee in form of a Banking slip or Bankers Cheque (Kshs1000) Payable to The Director KMTC Account No. 0100358521700 at National Bank Hospital Branch (KNH).

SECTION A: Applicant's Personal Particulars

- i. Full Names.....
- ii. Postal Address..... Code.....
- iii. Date of Birth (Year)..... ID/PP No..... Gender.....
- iv. Next of Kin Relationship
- v. County..... District..... Division Location.....
- vi. Contact Mobile Phones (1)..... (2).....

SECTION B: Course Application Details: Indicate your course of choice

Higher Diploma
Diploma
Certificate
Preferred Campus.....
Year of Graduation

SECTION E: Applicant's Declaration:

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false will lead to automatic disqualification from consideration or prosecution.

Signature.....

Date.....

THIS FORM IS NOT TRANSFERABLE AND ISSUED FREE OF CHARGE

THIS FORM IS NOT TRANSFERABLE AND ISSUED FREE OF CHARGE