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KMTC/QP-01/CAP

Kenya Medical Training College
ISO 9001: 2008 Certified

Ref No. _____

APPLICATION FORM FOR PRE-SERVICE CANDIDATES
(CERTIFICATE/DIPLOMA PARALLEL PROGRAMMES 2011/12 ACADEMIC YEAR)

Please complete this form and send to the Director, KMTC P.O Box 30195 - 00100 Nairobi. The form should be filled in **BLOCK** letters. Attach copies of result slip/certificates, leaving certificates and ID, Passport or Birth 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. Name as per ID/Passport/Birth Certificate.....
- ii. Postal Address.....Code.....
- iii. Date of BirthID/PP No.....Gender Male Female
- iv. Name of next of KinRelationship
- v. County..... District.....DivisionLocation.....
- vi. Mobile telephone contact (1) (2)

SECTION B: Course Application Details: Indicate 2 Choices ONLY in order of Priority:

- 1st Choice Diploma 1. Certificate.....
- 2nd Choice: Diploma 2. Certificate.....
- ii) Preferred Campus

SECTION C: Applicant's Education Background: (Attach copies of certificates)

School Attended.....Year of Exam.....Mean Grade/Equivalent.....

SECTION D: Disability Assessment:

- i Do you have any disability? Yes No **Type/Class:** Physical Mental
- ii Give details of the nature of Disability:

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