

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" Nairobi

Kenya Medical Training College
ISO 9001: 2008 Certified

Ref No. _____

**APPLICATION FORM FOR PRE-SERVICE CANDIDATES
 (CERTIFICATE/DIPLOMA PROGRAMMES 2012/13 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 results slip/certificates, leaving certificates and ID/Passport/ Birth Certificate/Waiting card. Attach Application Fee in form of a Banking slip or Bankers Cheque of **Ksh.1,000 (\$50 for Non-Kenyans)** Payable to The Director KMTC Account No. 0100358521700 at National Bank Hospital Branch (KNH).

SECTION A: Applicant's Personal Particulars

- i. Names as per ID/Passport/Birth Certificate.....
- ii. Postal Address.....Postal Code.....Town.....
- iii. ID/Birth Cert. No/Waiting Card No.....Gender: Male Female
- iv. Name of next of KinRelationship
- v. Nationality.....County..... District.....
- vi. Mobile telephone contact (1) (2)

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

- 1st Choice: Diploma in..... 1st Choice: Certificate in.....
- 2nd Choice: Diploma in..... 2nd Choice: Certificate in
- Category: Regular Parallel (Tick as appropriate)
- Preferred Campus (for Parallel applicants only).....

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: Application fee details

Mode of payment: Banking Slip Bankers Cheque Money Order
 Banking Slip/Banker's Cheque/Money Order No.....Amount (Ksh).....

SECTION F: 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 and/or prosecution.

Signature of Applicant..... Date.....