



METHODIST COLLEGE OF HEALTH SCIENCES

MAUA Campus



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Email: medicalcollege@mauahospital.org

APPLICATION FOR ADMISSION

PERSONAL DETAILS:

Date:

Surname:

Others:

Date of Birth:

Nationality:

Gender| Male: Female:

Marital Status| Single: Married: Other:

Mobile Number:

Email address:

Postal Address:

Postal Code: Town:

Citizenship:

ID/Passport Number

Parents/Guardians' Name:

Mobile #

TYPE OF ADMISSION: [Please tick appropriately]

Learning Mode Preferred	Accommodation Type Preferred
Full-time: <input type="checkbox"/>	Boarder: <input type="checkbox"/>
Distance Learning (DLM): <input type="checkbox"/>	Day Scholar: <input type="checkbox"/>

COURSE APPLIED FOR:

DECLARATION:

I _____ hereby apply for admission at Methodist College of Health Sciences and confirm that the information provided above is correct to the best of my knowledge. I understand that the College reserves the right to deny or cancel admission if any information given in this form is proved false.

Reporting Date: A Non-refundable Application Fee of 1,000.00 is applicable.

Where did you hear about Methodist College of Health Sciences? Friends: Radio/TV
 Career Clinic: |Others [Specify]

Who is sponsoring your course of choice?

Signature:

Date:

FOR OFFICIAL USE ONLY | DO NOT WRITE ON THIS SECTION

Date Applied: [<input type="text"/>]	Date Application Form Returned: [<input type="text"/>]
Date Application Fee Paid: [<input type="text"/>]	Receipt Number: [<input type="text"/>]
Documents Submitted: All [<input type="checkbox"/>] Partial [<input type="checkbox"/>] None [<input type="checkbox"/>]	State Missing documents if any
Admission Status [<input type="text"/>]	Comments: [<input type="text"/>]

This form should be returned 2 weeks before reporting date | MPESA Paybill 960940 | Barclays Bank: 013-2307938 | KCB Bank 1210596504

Methodist College of Health Sciences: Learning to serve