

Telephone: +254-2-2725711/2/3/4  
 Fax: +254-2-2722907  
 Website: [www.kmtc.ac.ke](http://www.kmtc.ac.ke)  
 Email: [admissions@kmtc.ac.ke](mailto: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 (KENYANS)**  
**(CERTIFICATE/DIPLOMA COURSES 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).

**Read the guiding notes overleaf carefully before filling this form**

**SECTION A: Applicant's Personal Particulars**

- i. Name as per ID/Passport/Birth Certificate.....  
 (Surname) (Other names)
- ii. Postal Address..... Code.....
- iii. Date of Birth ..... ID/PP No..... Gender Male  Female
- iv. Name of next of Kin ..... Relationship .....
- v. County..... District..... Constituency..... Division .....

**SECTION B: Course Application Details: Indicate 2 Choices either in Diploma or Certificate level in order of Priority:**

**i) Course Choices**

- 1<sup>st</sup> Choice Diploma ..... 1. Certificate.....
- 2<sup>nd</sup> Choice: Diploma ..... 2. Certificate.....
- ii) Category (tick where appropriate)  Regular  Module II /Parallel (Preferred Campus) .....

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

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

**SECTION D: Disability Information:**

- i Do you have any disability?  Yes  No
- 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 may lead to automatic disqualification .

Signature.....

Date.....

**SECTION F: Scoring (For official use only)**

Item	Grade	Points
Mean Grade		
Language		
1 <sup>st</sup> Mandatory Science		
2 <sup>nd</sup> Mandatory Science		
1 <sup>st</sup> Additional Science		
2 <sup>nd</sup> Additional Science		
<b>Total Points</b>		

Applicant's % Score: ..... Rank/Position.....

Entry Done by (Name): .....

Sign: .....

Verified by (Name): .....

Sign: .....

**Verdict:**    **Shortlisted** \_\_\_\_\_ **Not Shortlisted** \_\_\_\_\_

**Guiding Notes**

1. This form should be filled in **BOLD LETTERS**
2. This form should be neat with no alterations whatsoever.
3. Attach separate form to give full details of your disability to help us determine the best suited course for the applicant.
4. Attach all relevant academic and professional certificates.
5. Fill this form to the best of your knowledge.
6. Make three course choices in order of priority
7. GOK sponsored is regular category with subsidized fees but very competitive. Module II costs slightly more.
8. Change of category after admission is not acceptable
9. Accommodation for both categories is optional.