



**OUR LADY OF LOURDES
MUTOMO COLLEGE OF HEALTH SCIENCES**

☎ +254-731602318 / +254-794963394 | ✉ P.O. Box 16 – 90201 Mutomo

1. APPLICATIONS DETAILS

FULL NAMES OF THE APPLICANT	FIRST NAME MIDDLE NAME LAST NAME			
	MR[]	MRS []	MS []	GENDER Male [] Female []

DATE OF BIRTH MM/DD/YEAR		NATIONALITY		NATIONAL ID/PASSPORT NO.	
COUNTRY		TOWN		NEAREST TOWN	

2. EDUCATIONAL PLANS (TICK APPROPRIATE)

1.	PROGRAMME APPLIED FOR	Diploma [] Certificate []
2.	PROGRAMME NAME	
3.	MODE OF STUDY	Regular/Fulltime
4.	PREFERRED INTAKE	October [] January []

3. PERMANENT ADDRESS

P.O. BOX		CODE	
TOWN		TELEPHONE	
EMAIL			

4. EDUCATIONAL BACKGROUND

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED

5. FINANCING OF STUDIES

Please tick <input type="checkbox"/> SELF <input type="checkbox"/> PARENTS/GUARDIAN <input type="checkbox"/> GOVERNMENT/HELB <input type="checkbox"/> SPONSORSHIP
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6. SPONSORSHIP (TO BE FILLED BY SPONSOR/GUARDIAN)

NAME OF SPONSER	RELATIONSHIP
ID NO/PASS PORT	OCCUPATION
ADRESS	TELEPHONE NUMBER
EMAIL	SIGNATURE
DATE	

7. NOTES TO APPLICANTS PLEASE ATTACH:

- Certified copy of KCSE Certificate/Result Slip
- School leaving Certificate
- Copy of national Identity Card
- Two (2) colored passport size photographs
- Recommendation letter from Priest/Pastor
- Bankers Cheque Kshs. 1,000 payable to “KCB – ACCOUNT NAME OLL MUTOMO COLLEGE ” ACCOUNT NUMBER 1174296259
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7. ATTESTATION

I hereby certify that the following information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official documents as requested in the instructions, and that documents become the property of Our Lady of Lourdes Mutomo College of Health Sciences and will neither be forwarded to another institution nor returned to me. I will include with this application my application fee receipt and other documents as required in the application instructions.

Signature

Date

REGISTRATION

Students should be registered for classes prior to the beginning of any semester to avoid any late fee penalty. As a new student, you will have time to meet with the academic committee and complete registration procedures during the registration/orientation period.

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. DEADLINES MUST BE OBSERVED

FOR OFFICIAL USE ONLY

APPLICATION NO:

APPLICATION FEES RECEIPT NO. /CHEQUE NO

DATE.....

NAME:

SIGNATURE:

Our Lady Of Lourdes Mutomo College Of Health Sciences **RESERVES THE RIGHT OF
ADMISSION.**