



NAKURU COLLEGE OF HEALTH SCIENCES & MANAGEMENT

P.OBOX12906-20100,NAKURU

CELLPHONE: 0720219337

Email:nchsma@gmail.com/principalnchsm@yahoo.com

PLEASE FILL IN CAPITAL LETTERS

READ THE APPLICATION INSTRUCTIONS BEFORE COMPLETING THIS FORM. COMPLETE APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN WITH AN APPLICATION FEE OF KSH. 500/= TO MPESA PAYBILL: 247247 ACC. NO. 219337 AND OTHER SUPPORTING DOCUMENTS TO: WHATSAPP 0720219337 / 0725055881 TO GET AN ADMISSION LETTER.

1. APPLICANT DETAILS

FULLNAMES: (as per secondary school certificates or equivalent)							
TITLE		MR[]	MRS[]	MS[<input checked="" type="checkbox"/>]	GENDER.MALE[]FEMALE[<input checked="" type="checkbox"/>]		
DATE OF BIRTH			NATIONALITY			NATIONAL.ID/ PASSPORT NO:	
COUNTY			TOWN			NEAREST TOWN	

2. PERMANENT ADDRESS

C/O		EMAIL	
P.OBOX		TOWN	

TELEPHONE		CELLPHONE	
Next of Kin		Mobile of next of Kin	

3. EDUCATION BACKGROUND.

INSTITUTION ATTENDED	FROM(*YEAR)	TO(YEAR)	CERTIFICATE AWAVED

4. PROGRAM DETAILS

1.	LEVEL APPLIED FOR[tick one]	Certificate[]Diploma[]Higher National Diploma[]
2.	PROGRAM NAME	
3.	MODE OF STUDY	Full Time[]
4.	PREFERED INTAKE	January[]March[]September[]
	(FORNUR SESONLY)	

5.FINANCING OF STUDENTS

Please Tick: SELF PARENTS/GURDIAN GOVERNMENT/HELB OTHERSPONSORSHIP

IF OTHER PLEASE

SPECIFY.....

6. PREFERRED HOBBY.

.....

7. STATE WHETHER YOU HAVE ANY SPECIAL NEEDS THAT REQUIRE SPECIAL ATTENTION

YES NO

If YES, state the need.....

8. INDICATE WHERE YOU HEARD ABOUT Nakuru College of Health Sciences & Management. (NCHSMA)

Radio Television Newspaper Friends Others

State.....

9. ATTESTATION

I hereby certify that the information given in this application is correct and complete to the best of my knowledge and that Nakuru College of Health Sciences & Management (NCHSMA) can obtain any verification deemed necessary to process my application. I further certify that I will arrange for forwarding of official documents as requested in the instructions, and that documents become the property of Nakuru College of Health Sciences & Management (NCHSMA) and will neither be forwarded to another institution nor returned home. I will include with this application my application fee as required.

Signature.....Name.....Date.....

SIGN THE APPLICATION FORM BEFORE RETURNING IT TO Nakuru College of Health Sciences & Management, (NCHSM).

APPLICATIONCHECKLIST.

1. Non refundable application fee (Kshs.500/=)

***Note: No cash payment is accepted) PAYBILL 247247 ACCOUNT NO: 219337**

2. Dully filled and signed application form.

ONLY COMPLETE APPLICATION WILL BE PROCESSED.DEADLINES MUST BE OBSERVED.

APPLICATION NO:.....APPLICATION FEES

MPESA APPLICATION CODE.....

DATE.....NAME.....SIGNATURE.....

Nakuru College Of Health Sciences & Management. RESERVES THE RIGHT OF ADMISSION

More information on admissions may be obtained from the Administration :+254720219337 / 0722742655 / 0725055881