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

Ref No.

## Kenya Medical Training College ISO 9001: 2008 Certified

APPLICATION FORM FOR PRE-SERVICE CANDIDATES
(CERTIFICATE/DIPLOMA PROGRAMMES 2014/2015 ACADEMIC YEAR)
APPLICATION FORM FOR REGULAR CATEGORY APPLICANTS

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). You can also pay application fee via M-Pesa (see details in section E of this form).

•	assport/Birth Certificate.				
ii. Postal Address	Pos	tal Code		Town	
iii. ID/Birth Cert. No/V	Vaiting Card No		Gender: Male	Femal	е 🗆
iv. Name of next of Ki	n	Re	elationship		
v. Nationality	County	District/Sub-Coun	ty	Constituend	cy
vi. Mobile telephone c	contact (1)		(2)		
SECTION B: Course	e Application Details: I	Indicate 2 Choices ONLY in	n order of Priority	•	
1 <sup>st</sup> Choice: Diploma in		1 <sup>st</sup> Cho	ice: Certificate in		
2 <sup>nd</sup> Choice: Diploma in		2 <sup>nd</sup> Cho	oice: Certificate in .		
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THIS FORM IS NOT TRANSFERABLE AND ISSUED FREE OF CHARGE