



**APPLICATION FORM**

**READ THE APPLICATION INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN WITH YOUR NON-REFUNDABLE APPLICATION FEE OF KSH. 1,000/= AND OTHER SUPPORTING DOCUMENTS TO:

The Registrar, Equip Africa College of Medical and Health Sciences

P.O Box 1869 - 30200, Kitale

Tel:0700 551 418 / 0777 551 418

or return them to our Nairobi Office at Union Towers- 5th Floor, Moi Avenue

Email: admissions@eac.ac.ke Website:www.eac.ac.ke

**PLEASE FILL IN CAPITAL LETTERS.**

**1. APPLICANT'S DETAILS**

**FULL NAMES**

*(as per secondary school certificates or equivalent)*

TITLE		MR[ ]	MRS[ ]	MS[ ]	GENDER Male[ ] Female[ ]
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DATE OF BIRTH		NATIONALITY		NATIONAL ID/PASSPORT NO	
COUNTY		TOWN		NEAREST TOWN	

**2. PERMANENT ADDRESS**

C/O		EMAIL	
P.O. BOX		TOWN	
TELEPHONE		CELLPHONE	
Next of kin		Mobile of next of kin	

**3. EDUCATIONAL BACKGROUND**

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

**4. PROGRAM DETAILS**

1.	LEVEL APPLIED FOR <i>(tick one)</i>	Certificate [ ]	Diploma [ ]	Higher National Diploma [ ]
2.	PROGRAM NAME			
3.	MODE OF STUDY <i>(tick)</i>	Full Time [ ]	Part-Time [ ]	E-learning [ ]
4.	PREFERRED INTAKE	January[ ]	March[ ]	May[ ] September[ ] Other:.....

**5. FINANCING OF STUDIES**

Please Tick SELF[ ] PARENTS/GUARDIAN[ ] GOVERNMENT/HELB[ ] OTHER SPONSORSHIP[ ]

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 EQUIP AFRICA COLLEGE OF MEDICAL AND HEALTH SCIENCES**

Radio[ ] Television[ ] Newspapers[ ] 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 Equip Africa College of Medical and Health Sciences Registrar 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 Equip Africa College of Medical and Health Sciences and will neither be forwarded to another institution nor returned to me. I will include with this application my application fee as required.

Signature:.....Date:.....

**SIGN YOUR APPLICATION FORM BEFORE RETURNING IT TO EQUIP AFRICA COLLEGE OF MEDICAL AND HEALTH SCIENCES****APPLICATION CHECKLIST**

1. Non-refundable application fee (Kshs. 1,000/=)  
**Note: No cash payments are accepted \***
2. Duly filled and signed application form
3. Copies of all transcripts, Diplomas & Certificates
4. One (1) recent passport size photograph (write your name on reverse side)
5. Copy of national I.D/Passport /Birth certificate

\*Payment is to be made in Electronic Money Transfer, Direct Bank Deposit, Money Order or Banker's Cheques payable to

**BANK DETAILS:****BANK: COOPERATIVE BANK OF KENYA****ACCOUNT NAME: EQUIP AFRICA COLLEGE OF MEDICAL AND HEALTH SCIENCES****ACCOUNT NUMBER: 01143736376000****BRANCH: THIKA****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 .....

**EQUIP AFRICA COLLEGE OF MEDICAL AND HEALTH SCIENCES RESERVES THE RIGHT OF ADMISSION**

More information

on admissions may be obtained from the Registrar

Tel.: 0700 551 418 / 0777 551 418

Email: admissions@eac.ac.ke