



APPLICATION FORM

D.KILIMO MEDICAL TRAINING COLLEGE IN CONJUNCTION WITH CHERANGANY NURSING HOME

Application for admission into Nursing training-Diploma in Kenya Registered Community Health Nurse (KRCHN).

Kindly complete this form in **BLOCK** letters and return to the principal D.K.MTC P.o Box1881-30200 Kitale email address; dkilimomtc@cheranganynh.co.ke

Attach application fee (non-refundable) of KSH.1000/= payable to

- Paybill no: 986970
- A/c Name: Applicants full names

Attach the following documents.

1. KCSE/KCE certificate or result slip.
2. School leaving certificate.
3. National identification/Passport.

SECTION ONE

PERSONAL INFORMATION:

1. Full name:.....
2. Date of birth:
3. Gender:
4. Nationality:.....
5. ID/Passport No:.....
6. Contact details:

1) Mobile no:2) Postaladdress:.....



SECTION TWO

PARENT/ GUARDIAN DETAILS:

1. Full name:
2. Postal Address:
3. Phone number:
4. Email address:

SECTION THREE

EDUCATION BACKGROUND:

NAME OF SCHOOL	YEAR	QUALIFICATION
1.		
2.		
3.		
4. -		