



NYAHURURU

MEDICAL TRAINING COLLEGE

PASSPORT
SIZE
PHOTOGRAPH

P.O BOX 1804 -20300, NYAHURURU, KENYA TEL: +254110094223 / +254736145310

Email: application@nyahururumtc.ac.ke Website: www.nyahururumtc.ac.ke

APPLICATION FORM

Please complete this form in **BLOCK LETTERS**

PERSONAL DATA	
Surname _____	Middle Name _____ First Name _____
Date of Birth: _____	Gender: (Tick) Male <input type="checkbox"/> Female <input type="checkbox"/>
(Date) (Month) (Year)	
Nationality: _____	Country: _____ I.D/Passport No: _____
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Other(Specify) _____	
Religious Affiliation (Christian, Muslim, Hindu, Specify Other) _____	
CONTACT DETAILS	
Postal Address: _____	Postal code: _____ Town: _____ Country: _____
Mobile: _____	Home/Office Tel Number: _____
eMail: _____	
PARENT'S/GUARDIANS/NEXT OF KIN'S INFORMATION	
Name: _____	Relationship: _____
Postal Address: _____	Postal code: _____ Town: _____ Country: _____
Mobile: _____	Home/Office Tel Number: _____
eMail: _____	
FINANCIAL DATA	
Who will sponsor your education at NMTC? (Tick)	
Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Sponsor <input type="checkbox"/>	
SELF/PARENT/GUARDIAN/SPONSOR'S INFORMATION	
Name: _____	Relationship: _____
Postal Address: _____	Postal code: _____ Town: _____ Country: _____
Mobile: _____	Home/Office Tel Number: _____
eMail: _____	

Dear Prospective Student,

Greetings from Nyahururu Medical Training College (NMTC), we pray the best for you as you begin your academic journey with us.

NMTC, is fully accredited or recognized as full-fledged tertiary Health Training Institution by the following regulatory and accreditation authorities:

- a. Technical and Vocational Education and Training Authority (TVETA)
- b. Nursing Council of Kenya (NCK)
- c. Clinical Officers Council of Kenya (COC)
- d. Association of Medical Records Officers of Kenya (AMRO-K)
- e. Kenya Nutritionists and Dieticians Institute (KNDI)

Our intakes are in **January and September**. Applications are received and processed throughout the year.

Bring/Scan/Post the following: -

- Completed application form
- Application fee of **Kshs. 1000 (East African countries)** and **US\$15** for international applicants. To be deposited in the schools account and attach a copy of Deposit slip.
- 3 Passport size photographs (write your full names at the back)
- Copies of official Academic Documents – Result slips, Transcripts, Certificates – this includes proof you have done English for those from Non-English speaking countries.
- Copy of your National ID/Passport
- Birth certificate

MPESA PAYBIL: 4027937

ACCOUNT: YOUR NAME

Account Name: Nyahururu Medical Training College

Bank: ABSA Bank, Nyahururu Branch

Account Number: 2033563836

Swift code: BARCKENX (For international students)

NB: Bring along your original certificates and results/transcripts on the day of Admission

The Application Form should be filled and either submitted by person to the admissions office in the College or scanned and emailed to application@nyahururumtc.ac.ke or by Post addressed to **The Principal NMTC, P.O. BOX 1804-20300 Nyahururu, KENYA**

Should you still have questions please do not hesitate to contact the Principal NMTC through any of the contacts given above.

Thank you for choosing NMTC.

Kind regards

Principal NMTC

COURSE DETAILS

Course title: _____

MODE OF STUDY(Tick)

Regular Evening Weekend eLearning

INTAKE(Tick)

January March/April September YEAR: _____

QUALIFICATIONS

Academic Level (Eg. High Sch,Cert,Dip,Degree)	Institution	Year attended	Qualification

Have you been or discontinued from another institution before? **Yes/No** _____

If **YES** give the name of the institution and reason

WORK EXPERIENCE (Optional)

Organization	Date	Position

ADDATIONAL INFORMATION

1. Do you suffer from any medical condition that requires you to see a Doctor often or take frequent medication? **Yes/No** _____

If yes specify _____

2. Do you suffer from any food allergies? **Yes/No** _____

If yes specify _____

3. Do you suffer from any disability? **Yes/No** _____

If **YES**, specify _____

If yes to any of these questions what support would you require while at NMTC?

Note: additional information is required for planning purpose not for selection criteria

REFEREE'S INFORMATION

Name: _____ Position: _____
Address: _____ Town: _____ Postal Code: _____
Telephone Number: _____ Email: _____

How did you know about NMTC? _____

I hereby apply for admission at **Nyahururu Medical Training College(NMTC)** and I confirm that the information provided above is correct to the best of my knowledge. I understand that any offer of admission may be withdrawn if I cannot provide documentary evidence of any statements on this form.

Signature _____ Date: _____

FOR OFFICIAL USE ONLY

A) Required Documents

- Result slip/Transcripts
- High-school/Degree Certificate
- School leaving certificate
- Application fee
- Medical Certificate(from a certified Medical Practitioner)

B) Recommendation by admission panel

- Approved for admission in _____
- Not approved: Reason _____

Pending approval after receiving the following documents/information

- 1.
- 2.

Officer Name: _____

Signature: _____ Date: _____

C) Action by the Principal

- Admitted Not admitted

Other action: _____

Signature: _____ Date: _____



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MEDICAL EXAMINATION FORM

PART I: TO BE COMPLETED BY THE PERSON BEING EXAMINED

Surname: _____ Middle Name: _____ First Name: _____

Date of Birth: _____ Gender: (Tick) Male Female
 (Date) (Month) (Year)

Next of kin: _____ Relationship: _____ Tel: _____

Have you ever been admitted in a hospital or undergone an operation? Yes No

If YES above, please reason for admission and date

PART II: TO BE COMPLETED BY THE MEDICAL OFFICER EXAMINING THE STUDENT

Has the student ever had any of the following illnesses? (Delete as necessary)

	YES	NO
Tuberculosis		
Seizures/Fainting/ Fits		
Typhoid		
Heart disease or rheumatic fever		
Gastric or Duodenal Ulcers		
Fractures or dislocations		
Food allergy		
Drug allergy		
Any chronic illness (Diabetes, Hypertension e.t.c)		

If YES to any of the above, explain when and how it was treated

PART III: PHYSICAL EXAMINATION

1. Height (in CM) _____ Weight _____ B.P _____ Pulse _____
2. Gait _____ Posture _____
3. Chest Exam _____ Abdominal Exam _____
4. CVS exam _____ MSK exam _____
5. Visual Acuity: Without Glasses: R _____ L _____ With Glasses: R _____ L _____
6. Hearing: Right ear _____ Left ear _____
7. Teeth _____
8. Lymphatic Glands _____

PART IV: LABORATORY TESTS

1. Urinalysis _____
2. Pregnancy Test _____ L.M.P _____

I declare that I have examined the above student and he/she is fit to join College. Yes No

Name of Officer _____ Designation _____

Date _____ Signature _____ (Stamp)