



**9. CONTACT DETAILS**

Contact Number	Mobile No:	Residential Telephone:
E-Mail ID (if any)		

**10. NAME, ADDRESS, MOBILE / TELEPHONE (S) OF NEXT OF KIN**


**11. ANY PHYSICAL OR COMMUNICATIVE CHALLENGES? (Tick with )**

None	
Vision	
Mobility	
Speech	
Hearing	
Others (Please Specify)	

**12. PROGRAMME OF STUDY (tick with )**

PROGRAMME	DURATION / SEMESTER	SELECTION OF COURSE
<b>SCHOOL OF HEALTH SCIENCES</b>		
Diploma in Registered General Nursing	3 Year / 6 Semester	
Diploma in Clinical Officer General (COG)	3 Year / 6 Semester	
<b>SCHOOL OF EDUCATION</b>		
Diploma in Primary Education	3 Year / 6 Semester	
Diploma in Junior Secondary Education	3 Year / 6 Semester	
Bachelor of Education (BED) in Primary	4 Year / 8 Semester	
Bachelor of Education – Arts in Secondary	4 Year / 8 Semester	
Bachelor of Education – Science in Secondary	4 Year / 8 Semester	
Master of Education (MEd) in Primary Education	2 Year / 4 Semester	
Master of Education (MEd) in Educational Administration	2 Year / 4 Semester	
<b>SCHOOL OF MANAGEMENT STUDIES</b>		
Bachelor of Business Administration (BBA)	4 Year / 8 Semester	
Master of Business Administration (MBA)	2 Year / 4 Semester	
<b>SCHOOL OF SOCIAL WORK</b>		
Bachelor of Social Work in Community Development	4 Year / 8 Semester	
Bachelor of Social Work in Medical & Psychiatry	4 Year / 8 Semester	
Master of Social Work (MSW) in Social Innovation and Entrepreneurship	2 Year / 4 Semester	

**13. MODE OF STUDY** (tick with \_\_\_\_\_ )

Full time (Day)	
Part Time (Evening / Week end)	
Distance	

**14. QUALIFICATION** (Subjects and grades obtained. Please attach photocopies of statement of results and any other qualifications necessary)

SUBJECT	GRADE

**15. BACHELOR DEGREE / OTHER QUALIFICATION OBTAINED** (attach photocopies)

CERTIFICATE, DIPLOMA, DEGREE OBTAINED	GRADE / PERCENTAGE	AWARDING INSTITUTION

**16. DECLARATION BY APPLICANT**

I \_\_\_\_\_ on date \_\_\_\_\_ hereby declared that the particulars given on this form are true and complete to the best of my knowledge.

Sign : \_\_\_\_\_

**OFFICIAL USE ONLY** (tick with \_\_\_\_\_ )

<b>Accepted</b>		
<b>Rejected</b>		Reason (s) for rejection

For Official Stamp

Designation : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_