

TRICENT SCHOOL OF MEDICAL HEALTH



SCIENCE AND TECHNOLOGY



REG NO: TVETA/ASS/7/2T

P.O BOX 3823-000200 NAIROBI

TEL 0700129536, 0700000760, Email:info@tsmhst.com Website: www.tsmhst.com

1. APPLICATIONS DETAILS

FULL NAMES

(as per secondary school
Certificate or its
equivalent)

MR[] MRS [] MS [] **GENDER** Male [] Female []

DATE OF

NATIONALITY

NATIONAL ID/PASSPORT NO.

BIRTH

COUNTRY

TOWN

NEAREST TOWN

2. EDUCATIONAL PLANS (TICK APPROPRIATE)

1. PROGRAMME Diploma [] Certificate []

APPLIEDFOR

2.(a) PROGRAMME NAME

PROGRAMME NAME

3. MODE OF STUDY

Regular [] School Based [] Distance Learning [] Part Time [] Weekends [] evenings []

4. PREFERRED INTAKE

January [] May [] September []

3. PERMANENT ADDRESS

C/O

P.O. BOX

TELEPHONE

EMAIL

TOWN

CELLPHONE

4. EDUCATIONAL BACKGROUND

INSTITUTIONS

FROM (YEAR)

TO (YEAR)

CERTIFICATE AWARDED

ATTENDED

5. FINANCING OF STUDIES

Please tick SELF PARENTS/GUARDIAN GOVERNMENT/HELB OTHER SPONSORSHIP

APPLICATION NUMBER:

6. CAMPUS WHERE STUDY WILL BE UNDERTAKEN

NAIROBI CAMPUS JUJA CAMPUS KISUMU CAMPUS

7. ATTESTATION

I hereby certify that the following information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions, and that transcripts become the property of Tricent School of Medical Health Sciences and technology and will neither be forwarded to another institution nor returned to me. I will include with this application my application fee receipt and other documents as required in the application instructions.

Signature Date

REGISTRATION

Students should be registered for classes prior to the beginning of any semester to avoid any late fee penalty. As a new student, you will have time to meet with the Registrar and complete registration procedures during the registration/orientation period.

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:

Tricent School of Medical Health Sciences and technology, RESERVES THE RIGHT OF ADMISSION. More information may be obtained from the Office of Registrar/Principal, Tricent School of Medical Health Sciences and technology.

www.tsmhst.com