

Serial No. SR

No.

Fix Passport Photo



JOHN CHARLES
MEDICAL TRAINING COLLEGE

JOHN CHARLES MEDICAL COLLEGE

John Charles Main Campus P.O. Box 1050-00520 Nairobi , Kenya
John Charles, Tel: +254 741 581 267
admissions@johncharlesmedicalcollege.ac.ke

APPLICATION FOR ADMISSION

Introductions:

1. Please read and understand each item before filling in any Admission No. information Receipt No.
2. Print in blocks or type all required information
3. Return a completed form, application and processing fee of Ksh 1,500
4. Attach four passport size colored photos
5. Attach copies of National ID, Passport, Birth Certificate and all academics/professional certificates and transcripts.

SECTION 1: PERSONAL INFORMATION

Surname: <i>(As it appears on academic documents)</i>	Middle Name:	First Name:
Date of Birth: <i>Day/Month/Year</i>	Gender: [] Male [] Female	Place of Birth: Country: County:
Marital Status:	Nationality: Religion:	National ID No: or Passport No: or Birth Certificate:
Phone No:	Email:	

Next of Kin or Guardian contact information (In case of Emergency)

Name:	Relationship:	Address:	Phone No:	Email:
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Financial Support / Sponsorship

Who is paying your fees while at John Charles College? Name (if not self):	Relationship:
Permanent Address:	Phone No:
	Email:

SECTION 2: ACADEMIC INFORMATION

List all schools and colleges attended to date and attach copies of all the academic documents

Name:	From - To (month and year)	Certificate Awarded / Grade

SECTION 3: ACADEMIC PROGRAMME/COURSE YOU ARE APPLYING FOR

First Programme:

Second Choice:

Third Choice:

Preferred Mode of Study
(where applicable)

Full time: Part Time:
School Based:

Distance/Virtual/Online:

Intake:

Month:

Year:

Additional Information

How did you learn about John
Charles College? (tick all that apply)

College Website
 College Brochure
 Radio ad
 Newspaper ad

Teacher/College Staff
 Former/current student
 Friend/Family
 Other (Specify)

Briefly tell us why you want to study at John Charles College

SECTION 4: DECLARATION

By signing the application form you confirm that the information you have given is correct

Student signature:

Date:

SECTION 5: SUBMISSION OF THE APPLICATION FORMS

All completed forms should addressed to:
Office of Academic, John Charles Medical College,
P.O. Box 1050-00520 Nairobi, Kenya.

SECTION 6: FOR OFFICIAL USE ONLY

Approved / Not Approved for admission
If not approved reason

Signature:

Date:

SECTION 7: PAYMENT MODE

MPESA PAYMENT

Paybill No. 100400

Account No. 9783824601

BANK PAYMENT - HFCK BURUBURU BRANCH

Account No. 9783824601

Account Name. John Charles Medical Training College

NB: Application and process fee is strictly paid via Paybill