



**LAKE INSTITUTE OF TROPICAL MEDICINE**

***“Knowledge for Health Care”***

**(Registered under Ministry of Education, Science and Technology)**

**MOEST NO: ./PC/1566/11**

Office of Academic and Students Affairs

**Application Number:** \_\_\_\_\_

**Please Note:**

1. Deadline for applications: Jan 5th (January intake), April 30th (May intake), Aug 30th (September intake)
2. The application will not be processed unless the following papers are enclosed or sent to LIT-MED by the deadlines indicated above: -
3. An official transcript of grades from every School/Institution attended.
4. Money Order/Bankers Cheques of Kshs.500/= addressed to:  
“Principal, Lake Institute of Tropical Medicine”
5. Three Colored copies of Passport size photographs and national identification card.
6. Send to the address indicated at the end of the application form.
7. Read all entry requirements/rules before filling the form.

**PERSONAL INFORMATION**

Surname name: \_\_\_\_\_

First name: \_\_\_\_\_

Other names: \_\_\_\_\_

Date of birth : \_\_\_\_\_

Sex : F M

Kenyan ID No : \_\_\_\_\_

Nationality \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**EDUCATION BACKGROUND**

Please list starting with the last one, all schools and institutions attended:

Year finished	Exam Body	Grades/Scores	Institution's name/Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COURSE APPLIED FOR: (TICK TWO COURSES IN ORDER OF PREFERENCE)**

- ☐ Clinical Medicine (Diploma)
- ☐ Community Health and Development (Diploma)
- ☐ Community Health and Development (Certificate)
- ☐ Medical and Psychological Counseling (Diploma)
- ☐ Medical and Psychological Counseling (Certificate)

**ACCOMODATION REQUIREMENT (BED SPACE)**

Accommodation is available on the first come, first serve basis.

Tick if you need accommodation or if not.

- ☐ HOSTEL NEEDED
- ☐ HOSTEL NOT NEEDED

**FOR ADMINISTRATIVE USE ONLY (DO NOT WRITE ANYTHING IN THIS AREA)**

- ☐ Qualified
- ☐ Needs upgrading
- ☐ Not qualified
- ☐ Refer to next admissions (qualified)

Personnel: \_\_\_\_\_ Name: \_\_\_\_\_ Sign: \_\_\_\_\_

**Please send Application to:**

LAKE INSTITUTE OF TROPICAL MEDICINE  
P.O.Box 370 – 40100  
KISUMU  
KENYA