Prime School of Nursing and Midwifery

Admission Application Form

1. Personal Information

Full Name: _____

Date of Birth: _____

Gender: _____

Nationality: _____

Phone Number: _____

Email Address: _____

2. Academic Qualifications

Previous School/Institution: _____

Highest Level Attained: _____

Year of Completion: _____

Attach Copies of Certificates

3. Guardian Information

Guardian Name: _____

Relationship: _____

Contact Number: _____

Address: _____

4. Course Applying For

Preferred Course: _____

Program Type (Diploma/Certificate): _____

5. Declaration

I hereby declare that the information provided above is true and correct. I understand that any false information may result in the rejection of my application.

Applicant Signature: _____ Date: _____