

## HIGHER INSTITUTE OF HEALTH AND BUSINESS

Bonaberi Douala – Cameroon Web site: uihbt.org - Email: mericuihbt2019@gmail.com

Infoline: +237 678 92 47 46 / 671 17 75 52



## **ADMISSION FORM** HND

Application No:	HINE	,			
	A. PERSONAL	<b>DETAILS:</b>		PF	ОТО
NAME:					
DATE OF BIRTH:					
SEX IALE FE	MALE				
ADDRESS					
PHONE NUMBER		EM			ANY)
FORMER SCHOOL					
NAMES GUARDIAN	OF	PARE	NT		/
PARENTS //	GUARDIAN	PHONE		N	UMBER
PARENTS/GUARDIAN OCCUPATION_		_			
B. Program of Interest	: Please tick at least to	wo programs you r	nay be inte	rest in (fi	rst and
	second c	hoice).			
School of Health	<b>School of Busines</b>	S	School of	Educati	on
Nursing	Accountancy Didactic		Didactics		

School of Health	School of Business	School of Education
Nursing	Accountancy	Didactics
Midwifery	Banking & Finance	Curriculum Development
		& Teaching
Medical Laboratory	Marketing	Special Education
Technology		

Physiotherapy	Insurance	Distance and continuing	
		learning	
Nutrition & Dietetics	Management	Andragogy	
Epidemiology and Pubic Health	Assistant manager	Educational management	
		and administration	
Geriatric Nursing	Project manager	Vocational Guidance &	
		Counseling	
Pharmacy Technology	Human resource management		
Psychiatric Technician	Transport and logistic		
Health Psychology	Spot management		
Health Service Administration	Information system management		
	Local government management		
	Event management		
	Port management		
	Legal assistant		
	Business law		
	Land law		
	Tax management		
	Transport & Logistic		

CHOSEN PROGRAMME:	FOR OFFICIAL USE ONLY
SUGGESTED LEVEL:	
LENGTH OF COURSE:	

## Document to be attached with application form:

- 1. Four passport size photographs
- 2. Photocopy of NID card
- 3. A copy of A/L and O/L result slips

4.

