

# SISTER LEONELLA CONSOLATA MEDICAL COLLEGE

P.O. BOX 25 - 10100 NYERI; TEL. +254724303431

## ADMISSION AGREEMENT FORM(BASIC/DIPLOMA/CERTIFICATE)

Name(Start with Surname): \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

County of Birth: \_\_\_\_\_ Sub-county \_\_\_\_\_

ID. No. \_\_\_\_\_

Denomination: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Spouse (If married): \_\_\_\_\_ Contact: \_\_\_\_\_

Parent/Guardian's Mobile No.: \_\_\_\_\_

Name of the guardian/sponsor/organization paying fees: \_\_\_\_\_

Do you consider yourself to be having any form of disability: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes give details: \_\_\_\_\_

Course: \_\_\_\_\_

K.C.S.E. Aggregate Grade: \_\_\_\_\_ KCSE Year \_\_\_\_\_

Index Number : \_\_\_\_\_ KCSE Series: \_\_\_\_\_

English : \_\_\_\_\_

Kiswahili : \_\_\_\_\_

Biology : \_\_\_\_\_

Maths : \_\_\_\_\_

Chemistry : \_\_\_\_\_

Physics : \_\_\_\_\_

Tick as appropriate: Boarder

☐

Day Scholar

☐

Date of entry into training: \_\_\_\_\_

## **UNDERTAKINGS: BY APPLICANT**

- a) I promise to uphold the professional ethics and standards of the profession I am about to be enrolled into.
- b) I undertake to observe and keep the rules and regulations of Sister Leonella Consolata Medical College and that I am well aware that it is a drug free zone and devoid of any form of immoral activities.
- c) I promise that I shall undertake to serve anywhere in Kenya after qualifying (Kenyans only)
- d) I promise to uphold the ideals and standards of the college.
- e) I promise to undertake to pay any damages I may cause to the college property
- f) I authorize that my data and images can be used by the college at any time for my personal good and the good of the college including publicity and marketing.
- g) I hereby certify that the information given above is true and correct and I solemnly accept the conditions of admission.

Name: .....

Sign: ..... Date: .....

## **WITNESSED: (GUARDIAN)**

Name: ..... Sign: ..... Date: .....

## **SECTION B: (FOR OFFICIAL USE ONLY)**

### **a) Admission Officer**

I certify that the information provided above is correct and the copies of slip, certificates and identity documents presented are correct in accordance with original documents.

Name: ..... Sign. .... Date: .....

### **b) Head of Department**

Comments/Remarks: .....

Name: ..... Sign. .... Date: .....

### **c) Principal**

Comments/Remarks: .....

Name: ..... Sign. .... Date: .....

Stamp