

SISTER LEONELLA CONSOLATA MEDICAL COLLEGE

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

ADMISSION AGREEMENT FORM

Name: _____

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 to 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