

Photo

## MACHAKOS MEDICAL & TECHNICAL TRAINING COLLEGE

P.O. BOX 1034-90100 MACHAKOS

TEL: 0722383285 E-MAIL: machakosmedicalttc@gmail.com WEBSITE: www.mmttc.co.ke Location: Nthula Rd, Industrial Area

## <u>APPLICATION FORM FOR ADMISSION TO ARTISAN, CERTIFICATE AND DIPLOMA</u> <u>PROGRAMMES</u>

A copy of this form should be completed and returned to the office. The form should be typed or completed in **block letters.** Attach 2 passport photographs, a copy of result slip/certificate, birth certificate and a copy of the national ID card.

(ii	i) Department	
(ii	ii) Intake : January May	September
SEC	TION B – APPLICANT'S PERSONAL DETA	ILS
i.	Name	
	(Surname) (Oth	ner names in full)
ii.	Postal Address	Postal Code
	Town/City	County
	Phone	E-mail
iii.	Date of Birth (DD/MM/YYYY)	Male Female
	Marital Status	Religion
	Nationality National ID	Passport No
SEC	TION C – GUARDIAN/SPONSOR (Applicant'	s Parents)
iv.	Name	Relationship
	Postal Address	Postal Code
	Town/City	County
	Dlanca	E

## SECTION D - APPLICANT'S EDUCATION DETAILS

Please fill in the table by listing all secondary schools and colleges attended

Address of school/college	Period of study		Qualification	Index No
	From	To	Quanneation	maca 110
			A	1
		Address of	Address of	Address of Oualification

Please attach certified copies of certificates, result slips and any relevant document

## **SECTION E – APPLICANT'S DECLARATION**

(Registrar Academics)

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Name of Applicant in full									
ID/Passport No	Date	Signature							
How did you know about our school? (Tick a box)									
Radio Facebook	Family/Friend								
<b>SECTION F – EVALUATION OF APPLICATION</b> (for official use only)									
APPLICATION FORM RECEIVED									
Enter below ACCEPT OR REJECT as may be applicable									
Student's Admission No.									
Signed	Date and Stamp								