



THIKA SCHOOL OF MEDICAL AND HEALTH SCIENCES

P.O. BOX 429-01000, Thika
Tel: 0734005291,0723991866

Website: www.tsmhs.ac.ke Email: admissions@tsmhs.ac.ke
Affiliated to Thika Nursing Home LTD



1. APPLICATIONS DETAILS

FULL NAMES (as per secondary school Certificate or its equivalent)				
	MR []	MRS []	MS []	GENDER Male [] Female []

DATE OF BIRTH		NATIONALITY		NATIONALID/PASSPORT NO.	
COUNTRY		TOWN		NEAREST TOWN	

2. EDUCATIONAL PLANS (TICK APPROPRIATE)

1. PROGRAMME APPLIED FOR	Diploma [] Certificate []
2. PROGRAMME NAME	
3. MODE OF STUDY	Regular [] School Based [] Distance Learning [] Part Time [] Weekends [] evening []
4. PREFERRED INTAKE	January [] April [] May [] August [] September [] December []

3. PERMANENT ADDRESS

C/O			
P.O. BOX		TOWN	
TELEPHONE		CELLPHONE	
EMAIL			

4. EDUCATIONAL BACKGROUND

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED

5. FINANCING OF STUDIES

Please tick [] SELF [] PARENTS/GUARDIAN [] GOVERNMENT/HELB [] OTHER SPONSORSHIP

APPLICATION NUMBER:

6. CAMPUS WHERE STUDY WILL BE UNDERTAKEN

MAIN CAMPUS – THIKA KITUI KISUMU NAIROBI

7. ATTESTATION

I hereby certify that the following information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions, and that transcripts become the property of Thika School of Medical and Health Sciences and will neither be forwarded to another institution nor returned to me. I will include with this application my application fee receipt and other documents as required in the application instructions.

Signature Date

REGISTRATION

Students should be registered for classes prior to the beginning of any semester to avoid any late fee penalty. As a new student, you will have time to meet with the Registrar and complete registration procedures during the registration/orientation period.

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. DEADLINES MUST BE OBSERVED

FOR OFFICIAL USE ONLY

APPLICATION NO: APPLICATION FEES RECEIPT NO./CHEQUE NO

DATE: NAME: SIGNATURE:

Thika School of Medical and Health Sciences RESERVES THE RIGHT OF ADMISSION.
More information may be obtained from the Office of Registrar, Thika School of Medical and Health Sciences.

www.tsmhs.com