



# THIKA SCHOOL OF MEDICAL AND HEALTH SCIENCES

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

Website: [www.tsmhs.ac.ke](http://www.tsmhs.ac.ke) Email: [admissions@tsmhs.ac.ke](mailto:admissions@tsmhs.ac.ke)  
Affiliated to Thika Nursing Home LTD



## 1. APPLICATIONS DETAILS

|   |                                |                                  |                                 |   |
|---|--------------------------------|----------------------------------|---------------------------------|---|
| FULL NAMES<br>(as per secondary school Certificate or its equivalent) |                                |                                  |                                 |   |
|   | MR[ <input type="checkbox"/> ] | MRS [ <input type="checkbox"/> ] | MS [ <input type="checkbox"/> ] | <b>GENDER</b> Male [ <input type="checkbox"/> ] Female [ <input type="checkbox"/> ] |

|               |  |             |  |                          |  |
|---------------|--|-------------|--|--------------------------|--|
| DATE OF BIRTH |  | NATIONALITY |  | NATIONAL ID/PASSPORT NO. |  |
| COUNTRY       |  | TOWN        |  | NEAREST TOWN             |  |

## 2. EDUCATIONAL PLANS (TICK APPROPRIATE)

|    |                       |   |
|----|-----------------------|---|
| 1. | PROGRAMME APPLIED FOR | Diploma [ <input type="checkbox"/> ] Certificate [ <input type="checkbox"/> ]   |
| 2. | PROGRAMME NAME        |   |
| 3. | MODE OF STUDY         | Regular/Fulltime [ <input type="checkbox"/> ] School Based [ <input type="checkbox"/> ] Distance Learning [ <input type="checkbox"/> ]  |
| 4. | PREFERRED INTAKE      | January [ <input type="checkbox"/> ] March [ <input type="checkbox"/> ] May [ <input type="checkbox"/> ] July [ <input type="checkbox"/> ] September [ <input type="checkbox"/> ] November [ <input type="checkbox"/> ] |

## 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

|  |
|--|
| <b>Please tick</b> [ <input type="checkbox"/> ] SELF [ <input type="checkbox"/> ] PARENTS/GUARDIAN [ <input type="checkbox"/> ] GOVERNMENT/HELB [ <input type="checkbox"/> ] SPONSORSHIP |
|--|

**6. CAMPUS WHERE STUDY WILL BE UNDERTAKEN**

MAIN CAMPUS – THIKA     KITUI     KISUMU     NAIROBI     MOMBASA

**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.ts mhs.com**