FAMILY HEALTH MEDICAL SCHOOL



Serial No. FHMS: G200001

Affix one of the two unendorsed passport sized photographs here and clip the **endorsed** one on the form.

BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MB ChB) PROGRAMME

GRADUATE APPLICANTS

<u>IMPORTANT</u>: TO BE COMPLETED IN DUPLICATE AND RETURNED TO: THE ADMISSIONS OFFICER

Family Health Medical School, P. O. Box TS 669, Teshie, Ghana

Your form must include:

- i. Certified photocopies of your Result Slips and/or Certificates;
- ii. Three (3) recent passport photographs (One of the photographs should be endorsed; see declaration at back page);
- iii. A copy of your Sponsor's three (3) months' bank statement: and
- iv. An original/certified copy of your Transcript of Academic Record.

A. Personal Details:

1. Name of Applicant: Mr./Mrs./Miss/Ms.						
Surname						
First Name						
Other Names						
(Names must correspond exactly with those used for all examinations						
2. Gender: M Solution F Solution 3. Date of Birth: Solution 3. Date of Birt						
4. Place of Birth						
6. Hometown						
8. Religion						
10. Number of Children:						
11. Are you physically disabled or do you suffer from any form of handicap? Yes No						
12. If yes, specify						

13. Are you currently in employment? Yes No
If yes: (i) Indicate type/nature of Employment
(ii) Name and address of Employer
B. Contact Details
14. Correspondence Address
E-mail Address Tel. No
15. Permanent Address (if different from 14 above)
C. Parent/Guardian's Details
16. Name and Address of Parent/Guardian
E-mail Address
17. Occupation of Parent/Guardian
D. Sponsor's Details
18. Name and Address of Sponsor

E-mail Address Tel. No
19. Occupation of Sponsor

E. Educational Background

20. Secondary Schools/Colleges Attended

Names of School(s) & Location	Attendan	ce Dates	Qualification(s) Obtained
	From	То	

21. Examination Details

LEVEL	SSS	SCE/WAS	SCE	G.C.E. 'O' LEVEL			G.C.E. 'A' LEVEL			OTHERS		
Attempts	1st	2nd	3 rd	1st	2nd	3 rd	1st	2nd	3 rd	1st	2nd	3 rd
Month												
Year												
Index No.												

22. Details of results of examinations taken (indicate subjects and grades at all attempts)

SUBJECTS	SSSCE/WASSCE (GRADES)		G.C.E. 'O' LEVEL (GRADES)			G.C.E. 'A' LEVEL (GRADES)			OTHERS (GRADES)			
	1st	2nd	3 rd	1st	2nd	3 rd	1st	2nd	3 rd	1st	2nd	3 rd

23. You must provide the following information about the University attended:

Name & Address of	Year of	Programme of	Year of
University	Admission	Study	Graduation
i Dagraa Ayyardad			
i. Degree Awarded	• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •
ii Classification of Degree			
(Kindly provide copies of Certific			•••••
(Rimity provide copies of Certific	aie(s) ana 11	unscripts of reducinic Record.)	
iii. Have you done National Service	? Yes	No	
(If yes, provide evidence.)			
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NOTE:

- a) THE SCHOOL DOES NOT GIVE FINANCIAL ASSISTANCE TO STUDENTS ACCEPTED FOR ITS PROGRAMME. APPLICANTS ARE REQUIRED TO PAY ALL PRESCRIBED FEES IN FULL ON REGISTRATION.
- b) AN APPLICANT WHO MAKES FALSE STATEMENTS OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF THE APPLICANT HAS ALREADY ENROLLED INTO THE MEDICAL SCHOOL, HE/SHE WILL BE ASKED TO WITHDRAW.
- c) <u>ENDORSEMENT</u>: The declaration in (iii) on page 5, must be endorsed by someone of high repute. This person should be a Senior Public Servant (e.g. Clergyman, Lawyer, Medical Practitioner) or Headmaster/Principal of the applicant's last educational institution.

F. DECLARATIONS

i. <u>SPONSOR'S DECLARATION</u>	
that he/she has applied to undertake at the Fam	of Medicine and Bachelor of Surgery (MB ChB) programme nily Health Medical School. I have attached a copy of my ability to sponsor him/her for the programme.
Signature	
ii. APPLICANT'S DECLARATION Ireflects my true records.	declare that the information provided is correct and
Signature	
personally known to me. I have verified his/ho	er certificates against the results indicated on the form the name that appears on them is the same as that by
Name	Status
Occupation	Address
Signature	Date