



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 ..... Tel. No. ....

17. Occupation of Parent/Guardian .....

**D. Sponsor's Details**

18. Name and Address of Sponsor .....

.....

E-mail Address ..... Tel. No. ....

19. Occupation of Sponsor.....



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

Name & Address of University	Year of Admission	Programme of Study	Year of Graduation

i. Degree Awarded .....

ii. Classification of Degree .....  
*(Kindly provide copies of Certificate(s) and Transcripts of Academic Record.)*

iii. Have you done National Service? Yes  No   
*(If yes, provide evidence.)*

**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) **ENDORSEMENT:** 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. SPONSOR’S DECLARATION**

I ..... declare that I will sponsor .....  
..... for the Bachelor of Medicine and Bachelor of Surgery (MB ChB) programme  
that he/she has applied to undertake at the Family Health Medical School. I have attached a copy of my  
three (3) months’ bank statement to justify my ability to sponsor him/her for the programme.

.....  
Signature

.....  
Date

**ii. APPLICANT’S DECLARATION**

I ..... declare that the information provided is correct and  
reflects my true records.

.....  
Signature

.....  
Date

**iii. CORROBORATOR’S DECLARATION**

I certify that Mr./Mrs./Miss./Ms ..... is officially/  
personally known to me. **I have verified his/her certificates against the results indicated on the form  
and I am satisfied that they are genuine and the name that appears on them is the same as that by  
which he/she is officially/personally known to me.**

Name..... Status.....  
Occupation..... Address.....  
Signature..... Date .....