Serial No. ..... SR No.....

Affix Passport Photo

Lunesberg Medical Training College

Phone number +254 720 459 976
Enquiries: info@lmtc.ac.ke
Skyline Mall-Medlink Langata Road .1st Floor
suite 1

APPLICATION FOR ADMISSION

Introductions:

1. Please read and understand each item before filling in any Admission No..... information Reciept No.....
2. Print in blocks or type all required information
3. Return a completed form, application and processing fee of Ksh 1,500
4. Attach four passport size-colored photos
5. Attach copies of National ID, Passport, Birth Certificate and all academics/professional certificates and transcripts.

SECTION 1: PERSONAL INFORMATION		
Surname: (As it appears on academic documents)	Middle Name:	First Name:
Date of Birth: Day/Mon/ Year	Gender: [ ] Male [ ] Female	Country: County:
Maritial Status:	Religion:	ID No: or Passport No: or Birth Certificate:
Phone No:	Email:	

Next of Kin or Guardian contact information (In case of Emergency)				
Name:	Relationship:	Address:	Phone No:	Email:

Financial Support / Sponsorship	
Who is paying your fees while at Asheville Medical Training College? Name (if not self): Permanent Address:	Relationship: Phone No: Email:

SECTION 2: ACADEMIC INFORMATION		
List all schools and colleges attended to date and attach copies of all the academic documents		
Name:	From - To (month and year)	Certificate Awarded / Grade

SECTION 3: ACADEMIC PROGRAMME/COURSE YOU ARE APPLYING FOR

First Programme:	Second Choice:	Third Choice:
Preferred Mode of Study (where applicable)	Full time:{ } Part Time: { } School Based: { }	Distance/Virtual/Online: { }
Intake:	Month:	Year:

Additional Information

How did you learn about Lunesberg Medical Training College? (tick all that apply)	[ ] College Website [ ] College Brochure [ ] Radio ad [ ] Newspaper ad	[ ] Teacher/College Staff [ ] Former/current student [ ] Friend/Family [ ] Other (Specify)

Briefly tell us why you want to study at Lunesberg Medical Training College
.....
.....
.....
.....

SECTION 4: DECLARATION

By signing the application formyou

Student signature: .....

SECTION 5: SUBMISSION OF THE APPLICATION FORMS

All completed forms should addressed to:
Office of Academics, Asheville Medical Training College
P.O. Box 15477 - 00100 Nairobi, Kenya.

SECTION 6: FOR OFFICIAL USE ONLY

Approved / Not Approved for admission
If not apporved reason .....

Signature: ..... Date: .....

SECTION 7: PAYMENT MODE

MPESA PAYMENT Paybill No. Account No.	BANK PAYMENT - KCB BANK Account No. Account Name.

NB: Application and process fee is strictly paid via Paybill