



# APPLICATION FORM FOR ADMISSION FOR UNDERGRADUATE PROGRAMME

TRANSFORMING HEALTH PROFESSIONALS





**Please Note:**  
All relevant sections must be completed in black or blue ink. Please use CAPITAL letters.

APPLICATION No.: \_\_\_\_\_

DATE: \_\_\_\_\_

Academic Session: \_\_\_\_\_

### APPLICATION REQUIREMENTS

The application form shall not be accepted unless the following admission requirements are attached;

1. Proof of payment for the Application Form
2. A copy of at least O-level results (photocopy)
3. Copy of previous a School Identity Card

### Applied or Proposed Programme of Study

#### Note:

Original Documents of the such as the O-level result slip will be required at the time of registration by the regulatory bodies such as the Ministry of Education and Sports UNMEB for Verification.

### PERSONAL PARTICULARS

Title: \_\_\_\_\_ Sur Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Type of Identification: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status:  Single  Married  Divorced

Religion / Faith: \_\_\_\_\_ Contact: \_\_\_\_\_ Stature: \_\_\_\_\_

Please state any special Physical or medical condition that may require special attention:

### CONTACT INFORMATION

Physical Address: \_\_\_\_\_ Village / Town: \_\_\_\_\_ Division: \_\_\_\_\_

District: \_\_\_\_\_ Mobile Contact: \_\_\_\_\_

Next of Keen: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Phone Contact: \_\_\_\_\_ Email: \_\_\_\_\_





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**EDUCATION BACKGROUND**

Examining Body: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_ Year of Education: \_\_\_\_\_

**O-Level Academic Qualifications:**

No.	Subject	Result / Grade	Overall Grade

**Additional Academic Qualifications:**

**Certified** photocopies of results and certificates **must** be attached to this Application Form.

No.	Subject	Period	Award	Year

**English Language Proficiency :**

Please indicate your level of competency in English.

	SPEAKING	READING	WRITING
FLUENT			
ADEQUAT			
BASIC			





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### PERSONAL STATEMENT

Please provide a short statement indicating why you wish to undertake the proposed programme.

### How did you hear about Mansoor College of Health and Sciences

Search engine (Google, Bing etc.)     Recommended by someone     Social media, Blog or Publication

Agent / Agency: \_\_\_\_\_

If **other** (please specify): \_\_\_\_\_

### DECLARATION:

I, the undersigned, hereby confirm that the information given in this form is true to the best of my knowledge. I fully understand the legal implications of what I have stated on this form. I unconditionally accept all the "Verbal and written "Terms & Conditions" governing the operation of this Application and I confirm that the details furnished by me in this document are true and correct by signing against these presents.

Full Names of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

