



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: _____

