

ELGON INTERNATIONAL HEALTH INSTITUTE



P.O. Box 1458, Mbale- Uganda

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Email: elgoninthealthinst@yahoo.co.uk

Courses: Clinical Medicine, Medical Laboratory and Medical Theatre Techniques



Photograph

APPLICATION FORM FOR ADMISSION.

- 1.0 COURSE APPLIED FOR:.....
ACADEMIC YEAR OF ADMISSION.....
- 2.0 APPLICANT'S DATA/PARTICULARS
- 2.1 NAME [a] surname.....
[b] Other names.....
- 2.2 Sex M [] F [] [Tick appropriate box]
- 2.3 Date of
Birth.....Date.....Month.....Year.....
- 2.4 Home District.....
- 2.5 Nationality.....
- 2.6 Religion Affiliation and Sect.....
- 2.7 Marital status.....
- 2.8 Place of residence (village/parish/sub county/district)
.....
Post Address.....
.....
Telephone contact.....
Email Address.....
- 2.9 Next of kin.....
Physical address
Telephone
.....

3.0 EDUCATION BACKGROUND

3.1 Schools/College/Institutions Attended.

S/No.	SCHOOL/COLLEGE/INSTITUTIONS ATTENDED	YEAR FORM	TO	RESULTS OBTAINED SUBJECTS	GRADES
				ENGLISH	
				MATHEMATICS	
				BIOLOGY	
				CHEMISTRY	
				PHYSICS	
				HEALTH SCIENCE	
				OTHERS	
				POLITICAL EDUCATION	
				GEOGRAPHY	
				AGRICULTURE	
				A-LEVEL	
				BIOLOGY	
				PHYSICS	
				CHEMISTRY	
				MATHEMATICS	
				OTHERS	

3.2 Responsibility held while at school, college etc

S/N	School and college	Responsibility	Year

3.3 Extra curricular activities

- 1.
- 2.
- 3.
- 4.
- 5.

3.4 Work Background (for Extension and others where Applicable)

Place of work	Year from	To	Position held

3.5 Employers recommendation/comment

Successful applicants who are employed will be required to produce a letter of release form the employer.

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4.0 MEDICAL INFORMATION

4.1 Indicate any disabilities that you have.....

.....

5.0 SPONSOR

Indicate the name and contact (s) of the person/organization that will be responsible for paying your fees.

Name.....

Telephone No.....

6.0 DECLARATION

I hereby declare that the information given above is true to the best of my knowledge and any case (s) of wrong information or impersonation whenever discovered will lead to automatic cancellation of the admission.

Signature of the applicant.....Date.....

7.0 FOR OFFICIAL USE ONLY.

Comment of the Academic Registrar.

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.....
.....

Signature.....

Date and stamp:

- Note: (1) Please attach photocopies of your academic documents and a copy for an original receipt for payment of applications form.
- (2) Applicant will be required to produce original O-Level and A-Level pass slips (For Diploma applicants). Identify cards from the former schools, letter from L.C.1 and signed by atleast three members during the interviews.