



JOHN CHARLES
MEDICAL TRAINING COLLEGE

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John Charles Main Campus P.O. Box 1050-00520 Nairobi, Kenya
John Charles, Tel: +254 741 581 267
admissions@johncharlesmedicalcollege.ac.ke

ADMISSION FORM

Introductions:

1. Please read and understand each item before filling in any Admission No. information Receipt No.
2. Print in blocks or type all required information
3. Return a completed form, with non refundable registration and processing fee for Ksh, 3,000
4. Attach one 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: <i>(As it appears on academic documents)</i>	Middle Name:	First Name:
Date of Birth: <i>Day/Month/Year</i>	Gender: [] Male [] Female [] Other	Place of Birth: Country: County:
Marital Status:	Nationality: Religion:	National 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:
If Married:	Spouse Name:		Phone No:	

Financial Support / Sponsorship

Who is paying your fees while at John Charles College? (Please tick one) Self [] , Parent [] , Spouse [] , Guardian []	
Name (if not self):	Relationship:
Permanent Address:	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 John
Charles 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 John Charles College

SECTION 4: DECLARATION

- a) I promise to uphold the professional ethics and standards of the professional I am about to be enrolled into.
b) I undertake to observe and keep the rules and regulations of the John Charles Medical Training College.
c) I promise to uphold the ideals and standards of the College.
d) I promise to undertake to pay any damages I may cause to the College property.
e) I hereby certify that the information given above is true and correct and I solemnly accept the conditions of admission.

Student Name:

ID No:

Signature:

Date:

SECTION 5: FOR OFFICIAL USE ONLY

Approved / Not Approved for admission

If not approved reason

Signature:

Date:

SECTION 6: PAYMENT MODE

MPESA PAYMENT

Paybill No. 100400

Account No. 9783824601

BANK PAYMENT - HFCK BURUBURU BRANCH

Account No. 9783824601

Account Name. John Charles Medical Training College

NB: Registration and processing fee is strictly paid via MPESA paybill & submit your MPESA message to 0741 581 267 through Sms or WhatsApp