



KAMPALA SCHOOL OF HEALTH SCIENCES

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BULOBA-MUYENJE
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0773748592/ 0701748592,
0782413473/0704895614
Email: info@kshs.ac.ug
www.kshs.ac.ug

APPLICATION FORM

Put here your
passport
photograph

FULL NAMES: _____

ADMISSION INFORMATION

Academic year _____

Intake _____

Course applied for _____

Entry status: = Direct

= Mature

Programme applied for: Day

Evening / Weekend

PERSONAL DATA

First Name _____ Other Names _____

Date of Birth _____

Address: home village _____ Sub county _____

County _____ District _____

Tel No. _____ Email _____

Nationality _____ Religion _____ Country of residence _____

HEALTH STATUS

Do you have serious health conditions / diseases? Yes No

If yes, explain the condition. _____

Are you on regular medication? Yes No

If yes, what medication? _____

Do you require any special medication while at institute? _____

Note:

It is the responsibility of the student to cover such specialized medical costs and not the Institute.

PARENTS ADDRESS**FATHER****MOTHER**

Name: _____

Address _____

Tel No. _____

Occupation _____

Name of sponsor _____

Address _____

Tel No. _____ Occupation _____

Relationship to the sponsor _____

EDUCATION BACKGROUND

Please list in chronological order (starting from the most recent one), all schools (secondary, colleges and universities), you have attended or are currently attending.

Previous / Current education

Name of school	Location/City/ Country	Date of attendance From – To	Qualification Received (certificate / degree etc)	Average Grade	Language Instruction

Declaration

I _____ certify that the information given on this application is complete and accurate to the best of my knowledge, I hereby apply for admission and if accepted and enrolled, I will agree to the rules and regulations of KSHS.

Applicant's signature _____ Date _____

FOR OFFICIAL USE ONLY

Please do not write in this section

Application fee 50,000

Paid

Not paid

Application approved by:

Name _____

Signature _____

Date _____