

EDUCATIONAL BACKGROUND

Please indicate your record of achievement in KCPE/KCSE or any other academic or professional training qualification.

School attended	Course/exam (<i>kcpe, kcse or any other</i>)	Course duration	Completion date	Grade/award obtained

K.C.S.E. DETAILS

Subject	Grade
Biology	
English	
Kiswahili	
Mathematics	
Chemistry	
Physics	

APPLICANT'S DECLARATION

How did you know about Ortum Mission Hospital School of Nursing (OMHSN)? *Please indicate by ticking (✓) the correct option*

Social media Radio Church announcements

OMHSN Staff OMHSN Student Friends

Other (Specify).....

Note:

- i. The duly filled form should be sent to the address below
- ii. Attach the copies of KCSE and KCPE result slips, certificates and National ID/Passport/Birth Certificate

I declare that the above information provided and the documents attached are true, correct and complete. I acknowledge that providing false information or withholding relevant information may result in withdrawal from training at any given time the irregularity is recognized.

Name of Applicant: _____

Signature: _____ Date: _____

FOR ANY INQUIRIES, please contact:

The principal,
Ortum Mission Hospital School of Nursing,
P.O. Box 15-30602,
Ortum.

Cell phone: 0792 879 345

Email: ortumnursingsch010@yahoo.com