



TUMU MEDICAL INSTITUTE

"Excellent innovation and Diversity in health"

A member of TUMU Group of Companies

APPLICATION FORM 2023/2024

SECTION ONE

This application form costs UGX.50,000 /= (Please ask for an official receipt)

APPLICANT'S PARTICULARS

Surname.....

First name.....Middle name.....

Age..... Sex.....Marital Status.....

Nationality.....

Mobile phone number.....

Alternative phone number.....

Email.....

Physical Address (Sub-county, county, District).....

FAMILY'S PARTICULARS

Father's name.....

Mother's name.....

Next of kin/Guardian's name.....

Mobile phone number.....

Alternative phone number.....

Address (Sub-county, county, District)

(You are advised to complete this section correctly in case of illness or any emergency; your family can be easily contacted)

Website: www.tumumedicalinstitute.com ,E-mails :info@tumumedicalinstitute.com
Main Campus: Rugongo, Karungu, Buhweju District, Tel:+256-758309406 , +256-751083945, +256757757311
Kampala office: 2nd floor, Kyeesimba House, opposite FDC offices, Entebbe Road

SECTION TWO

Level of education attained

Or

Course done at Certificate level.....(diploma applicants only)

Name of former school.....(Certificate applicants only)

Name of the former Nursing School.....

SCORES IN THE SUBJECTS BELOW AT O' LEVEL (FOR CERTIFICATE APPLICANTS)

SUBJECT	SCORE
English	
Biology	
Chemistry	
Physics	
Mathematics	

STATE FINAL SCORES AT CERTIFICATE LEVEL IN THE PAPERS BELOW(FOR DIPLOMA APPLICANTS)

PAPER	SCORE(GRADE)
Paper I	
Paper II	
Paper III	
Paper IV	

COURSES THAT ARE OFFERED AT TUMU MEDICAL INSTITUTE

1. Certificate in enrolled Nursing.
2. Certificate in enrolled Midwifery
3. Diploma in Nursing Extension (DNE)
4. Diploma in Midwifery Extension (DME)

Intended Course of study at TUMU Medical Institute

.....

SECTION THREE: APPLICANT

I.....acknowledge that the information provided in this section is true. *Provision of false information is fraud and may lead to criminal prosecution.*

Signature.....

Date.....

NOTE; Each student is required to pay commitment fees of UGX. 200,000/= only before receiving Admission letter from the Institute.

Kindly note that commitment fee is not refundable.

This is payable through the bank as indicated below;

Bank Details

Bank Name: Equity Bank

Account Name: TUMU Medical Institute

Account Number: 1010200661514

Or Use Mobile money on the following numbers; 0757757311, 0785997779

FOR OFFICIAL USE ONLY

Recommendation (if any)

Names..... signature

Date

PRINCIPAL

Admission Status.....

Signature.....Date.....