

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 names.....

Mother's names.....

Next of kin/Guardian names.....

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)

SECTION TWO

Level of education attained. Name of the former School.....

Subjects passed at '0' level

SUBJECT	SCORES
Biology	
Physics	
Chemistry	
Maths	
English	

COURSES THAT ARE OFFERED AT TUMU MEDICAL INSTITUTE

1. Certificate in Nursing(CN)
2. Certificate in Midwifery (CM)

Intended Course of study at TUMU Medical Institute

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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.....