



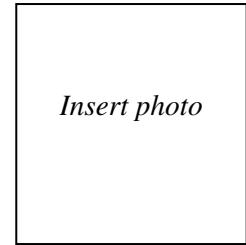
MAYANJA MEMORIAL MEDICAL TRAINING INSTITUTE (M.T.I)

Campus: Plot 175 Masaka Rd/ Kizungu Rd, Nyamityobora

P.O Box 348, Mbarara Tel: 0382-277958

Web: www.mmmti.org Email: info@mmmti.org.

“Empowering to Serve”



SERIAL NO:

STUDENT’S APPLICATION FORM

Surname: Other Names: Sex:

Marital status: Age: Date of Birth:

Permanent Address: Nationality:

Course Applied:

Parent/Guardian’s Name: Cell/Village:

Occupation: address/Telephone:

EDUCATION BACKGROUND

| | Name/Address of the School | Period of Attendance | | Qualification Attained |
|---|----------------------------|----------------------|----|------------------------|
| | | From | To | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

ORDINARY CERTIFICATE OF EDUCATION RESULTS

Physics Biology..... Chemistry..... Mathematics..... English.....

Total Aggregates:.....Division:.....

ADVANCED CERTIFICATE OF EDUCATION RESULTS

Physics/Physical Science:..... Biology:..... Chemistry:..... Mathematics:.....

General Paper:..... Subject Combination:.....

UPGRADING FROM CERTIFICATE TO DIPLOMA IN MEDICAL LABORATORY TECHNOLOGY.

Good certificate in Medical Laboratory Technology from a recognized laboratory training institution.

Any Other Qualifications:.....

.....

NB: Make sure you attach relevant photocopies of your academic documents.

Games and Sports:.....

.....

Clubs and Societies Joined:.....

.....

Position of Responsibility Held:.....

.....

Health Problems (If Any):.....

Source of Funding:

State the person or Institution responsible for your school fees payment:

Name:.....

Address:.....

Tel/Mobile:..... Office:..... Home:.....

DECLARATION:

I declare that the information presented here is to the best of my knowledge true.

Signature:.....Date:.....

FOR OFFICIAL USE ONLY:

CLASS:.....COURSE:.....

REGISTRATION NUMBER:.....DATE ADMITTED:.....

OFFICER:.....

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