



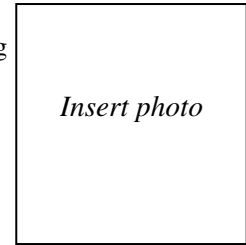
MAYANJA MEMORIAL MEDICAL TRAINING INSTITUTE (M.T.I)

Campus: Plot 175 Masaka Rd/ Kizungu Rd, Nyamityobora

P.O Box 348, Mbarara Tel: 0200923468

Web: www.mmmti.ac.ug Email: info@mmmti.ac.ug

“Empowering to Serve”



SERIAL NO:

STUDENT’S APPLICATION FORM

Surname: Other Names: Sex:

Marital status: Age: Date of Birth: Nationality:

Home Address:

Course Applied for:

Parent/Guardian’s Name: Cell/Village: District:

Occupation of Parent/Guardian: 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:.....Year Attained.....

ADVANCED CERTIFICATE OF EDUCATION RESULTS

Physics:..... Biology:..... Chemistry:..... Mathematics:.....

General Paper:..... Subject Combination:.....Year Attained.....

Any Other Qualifications:.....

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

How did you know about Mayanja Memorial Medical Training Institute? Please specify:

.....
.....

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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