



NAZARETH MEDICAL COLLEGE

PHYSIOTHERAPY TRAINING (DIPLOMA)

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EAST AFRICA

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“A centre of choice, witnessing Christ through specialized and innovative holistic health care services”.

APPLICATION FORM FOR PHYSIOTHERAPY TRAINING

Year.....

Application No.....

SECTION 1

PERSONAL DATA

Applicant's full name:
Surname Middle name First name

Date of birth: Date:..... Month:..... Year.....

I.D. No/Passport No:

Marital status: No. of children:.....

Next of kin: Relationship:..... Tel. No:.....

SECTION II

Permanent address Current Address
.....
.....
Telephone No:.....

SECTION III

ACADEMIC QUALIFICATION

Certificate held:..... Mean grade:.....

SECTION IV

REQUIREMENTS

- ❖ A Hand Written Application
- ❖ A copy of K.C.S.E Certificate/result slip
- ❖ A copy of National I.D/waiting slip
- ❖ A copy of birth certificate
- ❖ A copy of school leaving certificate
- ❖ A recommendation letter from a priest/pastor

This form to be returned on or before.....