



An ISO 9001:2015 Certified Hospital

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MOI TEACHING AND REFERRAL HOSPITAL

MTRH/CHS/101  
Nandi Road  
P. O. Box 3  
ELDORET, KENYA

**APPLICATION FORM FOR MTRH COLLEGE OF HEALTH SCIENCES COURSES  
(CERTIFICATE/DIPLOMA/HIGHER DIPLOMA PROGRAMMES 2018/2019 ACADEMIC YEAR)**

Please complete this form and sent to the Chief Executive Officer MTRH (Attention Director CHS) P. O. Box 3 – 30100 Eldoret. The form should be filled in **BLOCK** letters. Attach copies of results slip/certificates, leaving certificates and ID/Passport/Birth Certificate/Waiting card. Attach application fee in form of an original banking slip of **Ksh. 1,500** payable to Moi Teaching and Referral Hospital Training Centre. **Account No. 1151682268** at KCB, MTRH Branch. You can also pay application fee via Mpesa as follows; go to Mpesa on your phone; select lipa na mpesa; select paybill; enter business number as **522721**; then enter **681** as account; then enter amount **Ksh.1522** (Kshs.22 being transaction fee), wait for text message. Enter the confirmation code on section F of this form.

**SECTION A: Application’s Personal Particulars**

- i. Name as per ID/Passport/Birth Certificate .....
- ii. Postal Address ..... Postal Code ..... Town .....
- iii. ID/Birth Cert. No/Waiting Card No. .... Gender: Male  Female
- iv. Name of next of kin/Parent ..... Relationship .....
- v. Nationality ..... County ..... District .....
- vi. Mobile telephone contact (1) ..... (2) .....

**SECTION B: Course Application Details: Indicate 1 Choice ONLY.**

Higher Diploma in .....Diploma in .....Certificate in .....

**SECTION C: Applicant’s Education Background: (attach copies of certificates)**

School Attended ..... Year of Exam ..... Mean Grade/Equivalent.....  
College Attended ..... Year of Exam ..... Certificates attained .....

**SECTION D: Employment /Work Experience (for those applying for post basic courses)**

Dates, name, address of institution, position held and description of duties.....  
.....

Are you currently in employment? Yes/No.....

i) If **yes**, give Names of the employer: .....

Contact Address ..... Code ..... City/Town .....

Tel/Mobile: .....Email.....

ii) If no, what is your current occupation? .....

iii) How long have you worked for the current employer or in your current occupation? .....

**SECTION E: People living with disability** (This information is required for planning purposes and not a criteria for selection)

- i. Do you have any disability yes  No  Type/Class Physical  Mental
- ii. Give details of the nature of disability .....

**SECTION F: Application fee details:**

Mode of payment: Banking Slip  Mpesa   
Banking slip/Mpesa ref no..... amount (Ksh) .....

**SECTION G: Applicant’s Declaration:**

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false will lead to automatic disqualification from consideration and/or prosecution.

Signature of Applicant .....Date .....