

# MANKESSIM COLLEGE OF HEALTH SCIENCES



ACCREDITED BY ALLIED HEALTH PROFESSIONS COUNCIL  
APPROVED BY MINISTRY OF HEALTH  
MATURE ENTRANCE EXAMINATION FORM-2022/2023  
Email: [mankessimcollege@yahoo.com](mailto:mankessimcollege@yahoo.com) Form No.:MC/22/

Fix passport  
Here  
**PHOTO**

(PLEASE COMPLETE IN BLOCK LETTERS)

APPLICANTS SHOULD READ THE GUIDLINES BELOW CAREFULLY BEFORE APPLYING

**NB:** The person should be 25 years and above to qualify to write the entrance exams

**Please attach the following documents**

- i. Two (2) copies of Biometric Birth certificate.
- ii. Two recent passport-size photographs
- iii. Curriculum vitae (CV) or introductory letter from employer
- iv. Copy of SSSSCE/WASSCE certificate

## 1. NAME

TITLE: MR  MRS  MISS  OTHER (Please specify) .....

## SURNAME:

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## FIRST NAME

## OTHER NAMES

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(Ensure that names correspond with those used for all examinations taken. Provide legal proof for any change in name.)

## 2. DATE OF BIRTH (DAY, MONTH, YEAR)

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3. SEX: Male  Female

4. Address to which communication regarding this application could be sent

.....

E-Mail.....Tel No.....

**5. PERSONAL INFORMATION**

i. Hometown .....Region .....Nationality.....

ii. Marital Status      Single       Married       Other: .....

**6. SESSIONS AVAILABLE- Please tick**

- a. [ ] TWO WEEKS TUTORIALS
- b. [ ] SIX WEEKS EVENING TUTORIALS
- c. [ ] TEN SUNDAYS TUTORIALS
- d. [ ] ENTRANCE EXAMINATION ONLY

**DECLARATION BY APPLICANT**

I hereby declare that all the above information provided by me is true and correct, and that I could be refused admission, or be withdraw from the college after the admission, if the information on this form proves to be false.

**Signature of Applicant:** ..... **Date:** .....

ADMISSIONS OFFICE USE ONLY				
FORM(S) SOLD BY				
RECEIPT NO.:		REGISTRATION NUMBER		
APPLICATION STATUS	ADMITTED	NOT ADMITTED	SIGNATURE	DATE
REMARK(S)				