

MANKESSIM COLLEGE OF HEALTH SCIENCES

APPLICATION FORM FOR PRE-HEALTH SCIENCE

The Registrar

Mankessim College of Health Sciences

4 Obidan Road Mankessim

Tel: 0244514538



Affix one
photograph here

FORM NO.:.....

- i. Two (2) copies of Certified photocopies of WASSCE/SSSCE/GCE Certificates, Testimonial letter, Biometric Birth certificate
- ii. Two recent passport-size photographs, one of which should be fixed on the form.

1. NAME

TITLE: MR/MRS/MISS/OTHER.....

SURNAME:

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FIRST NAME

OTHER NAMES

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

D	D	M	M	Y	Y	Y	Y

3. TELEPHONE.....

4. ADDRESS.....

5. HOMETOWN.....

5. NATIONALITY.....

6. EMAIL ADDRESS.....

7. Name of person to contact in case of emergency.....

8. Tel:.....

9.EXAMINATION DETAILS:

9a. Indicate WASSCE /SSSCE, ‘O’ and ‘A’ Level Grades obtained in respective columns

Examination Index NO:..... **Year**.....**Month**.....

SUBJECTS	WASSCE GRADES		SSSCE GRADES		GCE‘O’ Level Grades	
	1st Sitting	2nd Sitting	1st Sitting	2nd Sitting	1st Sitting	2nd Sitting

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:**

FOR OFFICE USE ONLY

NAME:.....

AMOUNT: GHC.....

SIGNATURE:.....

DATE:.....