GANANA INSTITUTE OF MEDICAL SCIENCES AND TECHNOLOGY APPLICATION FORM

Complete all appropriate sections in block letters and return with your non-refundable application fee, copies and originals of your certificates and other supporting documents to the Office of Registrar, Ganana Institute of Medical Sciences and Technology P.O Box 1619 – 70100 Garissa Kenya: Tel : 0706 166905 email : infor@gimsat.com , inquiries@gimsat.co.ke , gimsat2015@gmail.com. Url, www.gimsat.co.ke

AFFIX 2 RECENT PASSPORT PHOTOS

APPLICANT'S NAME

SURNAME	FIRST NAME	MIDDLE NAME
………………………………..	………………………………..	………………………………..

Month / Date / Year Date Of Birth ……………………..	Female ☐ Male ☐	Religion ……………………………………..
Place of birth: ………………………………..	Citizenship: ………………………………..	**Marital status** Single ☐ Married ☐
National Id No/ Passport No:	Residential District:	Home location:

P.O Box / Postal Code / Town ……………………………..	Mobile No(S) 1. 2.	Tel No: (Office / House) …………………………	Email Address ……………………………

Next of kin or guardian's details (contacts in case of emergency)

Name ……………………………………………………..Relationship …………………………………………

P.O Box ……………………………………………………. Postal Code …………… Town ………………........

Telephone ……………………………………………………Email Address ………………………………………

COURSE APPLYING

Name of course:
………........

GUARANTEE OF FEE PAYMENT (TICK WHERE APPROPRIATE)

Parent ☐   Guardian ☐   Self ☐   Sponsor ☐   Employer ☐

Name ……………………………………………Contacts (Tel / Mobile) ………………………………………

Preferred Intake Year: ……………   **Mode of Study**

January ☐   May ☐   Full Time ☐   Part-Time ☐

September ☐   Weekend ☐   Distance L ☐

Have you previously registered with GIMSAT?   if yes your Gimsat Reg number ☐

Yes ☐   No. ☐

Education (please list last primary, secondary school and college attended

                    Name   Period Attended

(school / college)	From	To	Course / education (level attained e.g. certificate, diploma)	Grade / Points awarded
Primary ………………………………………………………				
Secondary ………………………………………………………				
College ………………………………………………………				
Others ………………………………………………………				

Relatives who have attended GIMSAT (if any)

Name …………………………………… Relationship ………………………….. Tel: ……………………………

Name …………………………………… Relationship ………………………….. Tel: ……………………………

How did you learn about GIMSAT (Tick One Only,)

College Guide ☐   Newspaper ☐   Radio ☐   TV ☐

Parent ☐   Relative ☐   Friend ☐   School Teacher ☐

Gimsat Friend ☐   Mailing ☐   Gimsat alumnus ☐   Gimsat Website ☐

Other (specify) ……………………………………….

Please indicate your sports and club of choice (tick your option/s)

Sport		Clubs	
Soccer ☐	Athletics ☐	First aid ☐	Entrepreneurship ☐
Table Tennis ☐	Basketball ☐	Forum for i.t ☐	Accounting association ☐
Volleyball ☐	Others …………………	Presidential debate ☐	Peer councilors club ☐
		Wildlife ☐	Others ………………………

All forms **MUST** be **SIGNED** before returning them to the admissions office. **ORIGINALS** and **COPIES** of the following documents must be attached

1. National ID
2. Birth Certificate
3. O' Level Certificate / Results Slip
4. Academic Transcripts
5. Two Color Passport Size Photographs
6. Primary Certificate

Application fees (Ksh. 1,500) should be deposited in KCB Bank Account

Bank	**Branch**	**Account No**
KCB	Garissa	1176948873

Original deposit slip must be attached to the application form when forwarding to the admissions office

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I hereby certify that the information given in this application is correct and completed to the best of my knowledge and hereby give my permission to the admission office to obtain any verification deemed necessary to process my application. I further certify that attached are true copies of my official transcripts as requested and that the copies become the property of the college. Include with this application form the official payment receipt / bank deposit slip for the application fee and copies of other documents as stated in the application requirement

Signature …………………………………………… Date…………………………………………

Thank you for choosing to study with us

COMMENTS

FINANCE

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PRINCIPAL

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