



**MATIBABU FOUNDATION COLLEGE OF HEALTH SCIENCES**

P.O. Box 230 40607 Ukwala— Kenya  
 Tel: 020 2223953/7.  
 Mobile: +254 735 271 714, +254721 701305  
 Email: info@matibabucollege.org  
 Website: www.matibabucollege.org

**SCHOOL OF BUSINESS STUDIES 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  
**MATIBABU FOUNDATION COLLEGE OF HEALTH SCIENCES**

AFFIX 2 RECENT  
 PASSPORT  
 PHOTOS

**Applicant’s Name(s)**

Surname	First	Middle
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Month / Date / Year Date of Birth     /     /	Female <input type="checkbox"/> Male <input type="checkbox"/>	Religion:
Place of Birth	Citizenship	<b>Marital Status:</b> Single <input type="checkbox"/> Married <input type="checkbox"/>
National ID No. / Passport No:	Residential District:	Home Location:

**Mailing Address / Contacts**

P.O Box    / Postal Code / Town /                /	Mobile No(s) a) b)	Email Address
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**Next of Kin or Guardian’s Details (Contacts in case of emergency)**

Name.....Relationship to applicant.....

P.O Box.....Postal Code.....

Telephone.....Email address.....

**Course Name (Tick where appropriate)**

**DIPLOMA COURSES**

- Kenya Registered community Health Nursing (KRCHN)
- Diploma in Information and Communication Technology
- Diploma in Business Management
- Diploma in Social work and community development
- Diploma in counseling and Psychology

**CERTIFICATE COURSES**

- Certificate in Information and communication technology
- Certificate in Business management
- Certificate in Social work and community development

**PROFESSIONAL COURSES**

- Accounting Technician Diploma (ATD)
- Certified Public accountant 1 (CPA 1)

**Preferred Intake**

**Year:** .....

**Mode of Study**

January       May       Full time       Part time       weekend

**Guarantee of Fee Payment (tick where appropriate)**

Parent       Guardian       Self       Sponsor       Employer

**Education (please list last secondary school and colleges attended)**

**Name**

**Period attended**

(School/College)	Period attended		Course/Education	Level attained (e.g. certificate, diploma, degree)	Grade /Award
	From	To			
Secondary/High School a).					
College/University a).					
b).					

**Current Employer Details**

Company name                      Position (title)                      Work experience                      Address  
(Duration)

**How did you learn about the college – Tick one**

College Guide     Newspaper     Radio     Matibabu website     Exhibition   
Relative     Teacher    Friend     Other (specify).....

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

1. National ID/Birth certificate
2. O’level certificate/result slip
3. Academic transcripts

In addition applicants should bring;

4. Two colour passport-size photograph

FOR OFFICIAL USE
Certified & processed
Officer.....
Sign.....
Date.....

Application fees (Kshs 500 can be deposited in one of the following MATIBABI bank account)

**MATIBABU FOUNDATION COLLEGE OF HEALTH SCIENCES**

**KCB UNIVERSITY WAY BRANCH**

**ACC NO. 1174780878**

**ORIGINAL DEPOSIT SLIP** must be attached to the application form when forwarding to the admissions office.

**ATTESTATION**

I hereby certify that the following information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the Admissions 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. I include with this application form the official receipt/Bank deposit slip for the application fee and copies of other documents as stated in the application requirements

Signature.....                      Date .....

**Thank you for choosing to study with us**