



Under Graduate Admission Form

Failure to complete all sections of this form may significantly delay the processing time of your application. Remember to sign your application and include the non-refundable admission fee.

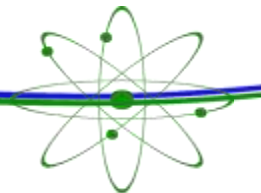
Requirements Check list

The applicant should fulfill the following conditions:

- Must have completed Secondary school.
- Should bring the original Secondary School Leaving Certificate with a copy.
- Should bring Six (6) passport size photos.
- For applicants planning to register part-time program, an experience of two years is recommended.
- Should Pay Admission Fee of USD \$25 for **Medicine & General Surgery** and \$15 for **all other programs**.

Please complete all the following fields:

Personal Details		
Full Name:		
Mother Name:		
Date of Birth: ____/____/____	Place of Birth:	Gender: []M []F
Marital Status: [] Single [] Married		
Address:		
Email:	Tel:	
Emergency Contact Information		
Name:	Tel:	
Relationship to applicant: [] Mother [] Father [] Brother [] Other		





Secondary School Information	
Secondary School Name:	
Location:	Graduation Year:
Board/Umbrella:	Percentage Scored:

Program of Study			
Med. & Health Science	CIT	Mgmt & Economics	Engineering
<input type="checkbox"/> MBBS <input type="checkbox"/> BSc(Nursing) <input type="checkbox"/> Dip(Pharmacology)	<input type="checkbox"/> BCA <input type="checkbox"/> BCNS <input type="checkbox"/> Dip(Programmming) <input type="checkbox"/> Dip(Networking) <input type="checkbox"/> Dip(W. Designing)	<input type="checkbox"/> BBA <input type="checkbox"/> BA (Economics) <input type="checkbox"/> BCOM CA	<input type="checkbox"/> BE (Electrical) <input type="checkbox"/> Dip (Civil Engg)
Mode of Study: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Entry Date: ____/____/____	
Entry Term: <input type="checkbox"/> August Intake <input type="checkbox"/> February Intake			

ALL APPLICANTS should note that the university reserves the right to make changes in the regulations, courses, etc. at any time without prior notice.

Statement of integrity: I certify that the information contained in this application form is complete and accurate, and I understand that submission of inaccurate information by me or at my direction may be sufficient cause for terminating my enrollment.

Signature: _____

Date: ____/____/____

For office use only

Admission Officer: _____

Date: ____/____/____

