

Application No.....



NAZARETH HOSPITAL

KRCHN (DIPLOMA) COURSE

P.O.BOX 49682-00100

NAIROBI

Email info@nazarethhospital.or.ke

TEL: 254 – 020 - 6750945

254 – 020 – 2017401

FAX: 254 – 020 – 2017402

"Witnessing Christ through a healing Ministry, offering holistic care".

APPLICATION FORM K.R.C.H.N (BASIC)

Year:.....

SECTION I

PERSONAL DATA

Name of the applicant: _____

Surname _____

Middle Name _____

First Name _____

Date of Birth: _____

Month:-----

Date:-----

Year:-----

I. D. No./Passport No: _____

Marital Status: _____

No. of Children: _____

Next of kin: _____

Relationship: _____

Contact: _____

SECTION II

Permanent Address

Current Address

Telephone No: _____

SECTION III

ACADEMIC QUALIFICATION

Certificate Held: _____

Mean Grade: _____

SECTION IV

REQUIREMENTS

- ❖ A handwritten application
- ❖ A copy of KCSE certificate/result slip
- ❖ A copy of National I. D/ request slip
- ❖ A copy of Birth Certificate
- ❖ A copy of School Leaving Certificate
- ❖ A Recommendation letter from a Priest/Pastor

This form to be returned on or before _____