

FAMILY HEALTH MEDICAL SCHOOL
ADMISSION TO THE BACHELOR IN MEDICINE AND SURGERY (MB.ChB)
APPLICATION FORM

IMPORTANT: Candidates are required to send two completed forms with the following enclosures to: The Admissions Officer, Family Health Medical School, P.O Box TS. 669, Teshie, Ghana

Affix with glue one of the two unendorsed passport sized photograph here and clip the endorsed one on the forms

- i. Ghanaian applicants are required to purchase application forms at prescribed rates.
ii. Certified Photocopies of results slips or certificates
iii. Three recent passport photographs (One of the photographs should be endorsed; see declaration at back page).
iv. Letter from Sponsor(s) undertaking to pay all fees showing detailed information of present work status and a copy of 3 months bank statement (Include address).

A. Personal Details:

1. Name (in capitals)

Surname.....

First Name.....

Other Name(s).....

(Names must correspond exactly with those used for all examinations taken)

2. Date of Birth [grid with labels d, d, m, m, y, y, y, y]

3. Gender [] [M/F]

4. Nationality..... 5. Hometown.....

6. Region of Hometown..... 7. Religion.....

8. Marital Status [] 9. Number of Children [] [Married/Unmarried]

10. Are you physically disabled or do you suffer from any form of handicap? Yes [] No []

11. If yes, specify.....

12. Are you currently in Employment? Yes No

If yes:

(i) Indicate type/nature of employment.....

(ii) Name and address of employment.....

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B. Contact Details

13. Correspondence Address.....

.....

..... Tel. No.....

E-mail Address.....

14. Permanent Address (if different from 13 above).....

..... Tel. No.....

C. Parent/Guardian's Details

15. Name and Address of Parent/Guardian.....

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..... Tel. No.....

16. Occupation of Parent/Guardian.....

D. Examination History

17. Secondary Schools and Colleges attended

Name of School(s) & Location	Attendance Dates From - To	Qualification(s) Obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Mode of application (tick)

i. G.C.E. ii. S.S.S.C.E/W.A.S.S.C.E iii. IGCSE/GCSE/IB iv. GRADUATE ENTRY

v. OTHER

Specify Other.....

19. If you have ever been admitted to any other university, you must supply the following information

Name of University	Year of Admission/Student Number	Course of Study	Last Year in University	Reasons for Leaving

20. Examination Details

Level	SSSCE/WASSCE			G.C.E. 'O' LEVEL			G.C.E. 'A' LEVEL		
	First	Second	Third	First	Second	Third	First	Second	Third
Attempts									
Months									
Year									
Index No.									

21. Details of examination taken. (indicate subjects and grades at all attempts)

G.C.E.

SUBJECT	'O' LEVEL			'A' LEVEL		
	1st	2nd	3rd	1st	2nd	3 rd

S.S.S.C.E/W.A.S.S.C.E

SUBJECT	S.S.S.C.E/W.A.S.S.C.E		
	1st	2nd	3 rd

GRADUATE ENTRY

i. Name & Address of university attended (if applicable):

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.....
.....

ii. Degree awarded:

iii. Class of degree :

iv. Year of graduation:

v. Have you done National Service? Yes No

If Yes, please provide evidence.

vi. Occupation since graduation:

.....

vii. Outline of courses taken for first degree:

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.....
.....
.....

OTHER

NAME OF QUALIFYING EXAMINATION	MONTH & YEAR	SCORE/RANK

22. **NOTE:** *The school does not give financial assistance to students accepted for its Programme. Applicants are required to pay all prescribed fees in full on registration.*

E. Declaration

I declare that the information provided is genuine and reflect my true records. *(An Applicant who makes a false declaration or withholds relevant information may be refused admission. If he/she has already come into the Family Health Medical School, he/she may be asked to withdraw.)*

Date..... Signature of Applicant.....

F. Endorsement

The declaration in **E** above must be endorsed by someone of high repute. This person should be a Senior Public Servant belonging to the learned professions (e.g. Clergyman, Lawyer, Medical Practitioner) or Headmaster/Principal of applicant’s last educational institution.

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

Name.....

Status.....

Address.....

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