



**TROPICAL INSTITUTE OF COMMUNITY HEALTH AND DEVELOPMENT**

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Twitter: @ TICHAfrica, Youtube : TICH in Africa, Website: tich

Facebook: Tropical Institute of Community Health and Development

Cell-phone: 0743 964-736 / 0700533134

**STUDENT APPLICATION/REGISTRATION FORM**

Surname: \_\_\_\_\_ Gender:(M/F) \_\_\_\_\_

Other Names \_\_\_\_\_

Address: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ TOWN: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID/Passport No. \_\_\_\_\_

**Indicate the course applied for:** \_\_\_\_\_

Intake Date: \_\_\_\_\_

Centre of Study \_\_\_\_\_

**Education:**

Schools Attended	Date From (year) to (Year)	Qualification

**Attach copies of the following documents:**

- Relevant certificates KCSE Result Slip/Certificate,
- School Leaving Certificate
- National ID Card/ID. Application Waiting Card/Birth Certificate
- One Coloured Passport Size Photograph, and
- A copy of Application form receipt

***Noted: The application form will not be accepted unless all the stated documents above are attached.***

**Sponsorship**

Self

Others (Parent, Organization) \_\_\_\_\_  
Name

Address.: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name and Address of nearest relative/person or agency to be contacted in case of emergency

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**How did you learn about TICH:** \_\_\_\_\_

**This P.A Administered by Name:** \_\_\_\_\_

**TERMS AND CONDITIONS**

1. Fees must be paid in advance or on the opening date
2. TICH does not accept any liability on loss or damage to any property brought or left on the premises by students.
3. TICH does not accept any liability whatsoever for any injuries incurred during the training.
4. Students will be charged for any damage caused to equipment.

**DECLARATION:**

I \_\_\_\_\_ declare that the information given in this application form is correct. I further certify that I have read, understood and agreed to comply with the terms stipulated herein:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Fee payments are made directly to our account, details of which are given below:**

**Bank Name:** PARAMOUNT BANK  
**A/C Name:** Tropical Institute of Community Health & Development  
**A/C No:** 080002062112

**Lipa na Mpesa:** Paybill 907950 **Account No:** 080002062112

**Applications should be address to:**

The Admission's Office,  
Tropical Institute of Community Health & Development (TICH)

Mobile: 0743 964-736

E- mail: ,admtichinafrika@gmail.com

**FOR OFFICIAL USE ONLY**

No	Receipt No.	Sponsor	Date Received	Qualified	Documents verified	Selected

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Head of Department**