**KIMSHEALTH Masters in Emergency Medicine Programme Application Form**

**Please read the instructions carefully before filling the form**

1. Name:
2. Postal Address:
3. Contact Number :
4. Email Address:
5. Gender (Circle One): Male Female
6. Date of Birth:
7. Marital Status:
8. Nationality:
9. Languages:

|  |  |  |
| --- | --- | --- |
| Read | Write | Speak |
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1. Educational Qualification:

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| --- | --- | --- | --- |
| Institution Name | Qualification | Percentage Score | Year Graduated |
|  |  |  |  |
|  |  |  |  |

1. Work Experience:

|  |  |  |
| --- | --- | --- |
| Hospital Name | Job Title | Dates of Employment |
|  |  |  |
|  |  |  |
|  |  |  |

1. Have you ever been convicted by any court of law or do you have a criminal background? If yes, please explain:

*I hereby attest that the above information is correct and complete to the best of my knowledge and nothing has been concealed. Should an applicant misrepresent themselves on the application form KIMSHEALTH retains the right to dismiss the candidate from the Master of Emergency Medicine programme at any time and without any refund of tuition paid or any other form of compensation. I am also aware that KIMSHEALTH will initiate legal action of I leave the service without proper clearance or final settlement of account. It is also agreed that all tuition and related academic fees must be paid in full before the commencement of each academic year. Non-payment of any or all of the fee(s) will result in dismissal from the programme.*

**Signed: Date:**