

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 \_\_\_\_\_