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KINDLY TAKE NOTE: *Form Fee (Non-Refundable)*
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Form No.:

UNIVERSITY OF MEDICAL SCIENCES TEACHING HOSPITAL

Medical Village, Laje Road, Ondo City, Ondo State, Nigeria

Phone Contact: +2348038197681, +2348034306937, +2348034394978; Website: www.unimedthc.org; Email: info@unimedthc.org

APPLICATION FORM FOR ADMISSION INTO PROFESSIONAL COURSES AND PROGRAMMES

A. Bio Data:

Title..... First Name:Other NameLast Name.....

Gender: Date of Birth..... Marital Status.....Nationality.....

State of Origin:Local Govt. of Origin..... Home Town.....

B. Contact Information:

Home/Office/P. O. Box:

Town: Local Govt. Area: State..... Country:

Email Address: Mobile Phone:

C. Next of Kin Information:

Name: Relationship: Email Address:

Phone Number: Residential Address:

D. Choice of Program:

i. Available Course(s) in Health Care Administration and Hospital Management;

Take Note: Tick (✓) boldly your choice of program.

S/N	Available Course(s)	Duration	Requirement(s)
1.	Certificate in Health Care Administration and Hospital Management.	Three (3) months	Five (5) O' level credit in any discipline, health managers and administrators, public and private hospital and related workers.
2.	Diploma in Health Care Administration and Hospital Management.	Six (6) months	Five (5) O' level credit in any discipline, managerial certificate from any discipline. health managers and administrators, public and private hospital and related workers. holders of the certificate in health care administration and hospital management.
3.	Advanced Diploma in Health Care Administration and Hospital Management.	Nine (9) months	Five (5) O' level credit in any discipline, managerial diploma from any discipline. health managers and administrators, public and private hospital and related workers. holders of the diploma in health care administration and hospital management.
4.	Professional Postgraduate Diploma in Health Care Administration and Hospital Management.	One (1) year	Health related ND/HND/BSc, health care workers, managers and administrators, public and private hospital and related workers, holders of the advanced diploma in health administration and hospital management.

ii. Available Course(s) in Field Epidemiology Practice;
Take Note: Tick (✓) boldly your choice of program.

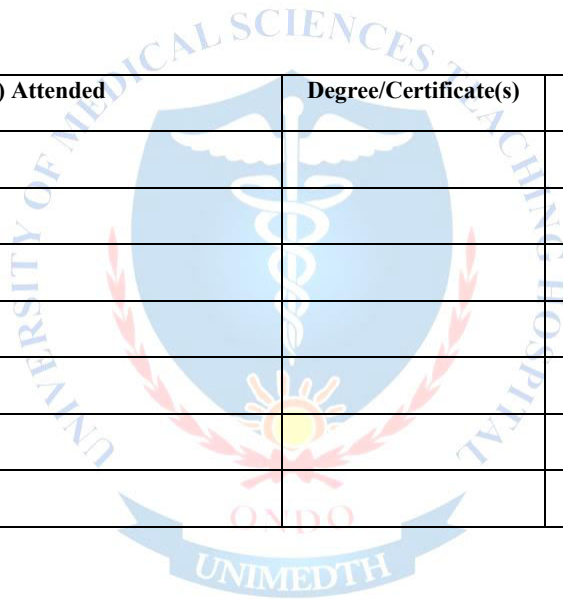
S/N	Available Course(s)	Duration	Requirement(s)
1.	Certificate (Basic) in FieldEpidemiology Practice.	Three (3) months	Workers serving in the one-health and related sectors, at least O' level credit passes, one Health Ministry (Health, Environment, Laboratory, Veterinary) workers, plus letter of support.
2.	Intermediate Course (PGD) in Field Epidemiology Practice.	Nine (9) months	Health related ND/HND/BSc, holders of the Basic FETP certificate, plus letter of support.

iii. Available Course(s) in Health Assistance and Care Giving;
Take Note: Tick (✓) boldly your choice of program.

S/N	Available Course(s)	Duration	Requirement(s)
1.	Certificate Course in Health Assistance and Care Giving.	Three (3) months	Three (3) O' level credit.

E. Academic History with Date(s):

S/N	School/Institution(s) Attended	Degree/Certificate(s)	Date(s)	Grade
1.				
2.				
3.				
4.				
5.				
6.				
7.				



F. Certification Statement:

Ihereby solemnly declare that the information provided by me in this form is genuine, accurate and complete. I understand that any false or misleading information may lead to rejection of my application or future consequences.

I affirm that the details provided are true and reflect my personal and academic history accurately.

Signature.....

Date.....