

# FAMILY HEALTH MEDICAL SCHOOL



Affix one of the two unendorsed passport sized photographs here and clip the **endorsed one** on the form.

Serial No. FHMS: R200001

## BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MB ChB) PROGRAMME

### UNDERGRADUATE/REGULAR APPLICANTS

*IMPORTANT: TO BE COMPLETED IN DUPLICATE AND RETURNED TO:*  
**THE ADMISSIONS OFFICER**  
Family Health Medical School, P. O. Box TS 669, Teshie, Ghana

- i. Your form must include certified photocopies of Result Slips and/or Certificates;
- ii. Three (3) recent passport photographs (One of the photographs should be endorsed; see declaration at back page); and
- iii. A copy of your Sponsor's three (3) months' bank statement.

**A. Personal Details:**

1. Name of Applicant: Mr./Mrs./Miss/Ms.

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Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

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Other Names

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

2. Gender: M  F

3. Date of Birth:             
                                 d   d   m   m   y   y   y   y

4. Place of Birth .....

5. Nationality .....

6. Hometown .....

7. Region of Hometown .....

8. Religion .....

9. Marital Status: Single  Married

10. Number of Children:

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

12. If yes, specify .....

13. Are you currently in Employment? Yes  No

If yes:

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

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

.....

**B. Contact Details**

14. Correspondence Address.....

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E-mail Address ..... Tel. No. ....

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

.....

**C. Parent/Guardian's Details**

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

.....

E-mail Address ..... Tel. No. ....

17. Occupation of Parent/Guardian .....

**D. Sponsor's Details**

18. Name and Address of Sponsor .....

.....

E-mail Address ..... Tel. No. ....

19. Occupation of Sponsor.....

## E. Educational Background

### 20. Secondary Schools/Colleges Attended

Names of School(s) & Location	Attendance Dates		Qualification(s) Obtained
	From	To	

### 21. Examination Details

LEVEL	SSSCE/WASSCE			G.C.E. 'O' LEVEL			G.C.E. 'A' LEVEL			OTHERS		
	1st	2nd	3 <sup>rd</sup>	1st	2nd	3 <sup>rd</sup>	1st	2nd	3 <sup>rd</sup>	1st	2nd	3 <sup>rd</sup>
Attempts												
Month												
Year												
Index No.												

### 22. Details of results of examinations taken (indicate subjects and grades at all attempts)

SUBJECTS	SSSCE/WASSCE (GRADES)			G.C.E. 'O' LEVEL (GRADES)			G.C.E. 'A' LEVEL (GRADES)			OTHERS (GRADES)		
	1st	2nd	3 <sup>rd</sup>	1st	2nd	3 <sup>rd</sup>	1st	2nd	3 <sup>rd</sup>	1st	2nd	3 <sup>rd</sup>

23. If you have ever been admitted to any University, you must provide the following:

Name & Address of University	Year of Admission	Course of Study	Last Year in University	Reason(s) for Leaving

**NOTE:**

- a) **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.**
- b) **AN APPLICANT WHO MAKES FALSE STATEMENTS OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF THE APPLICANT HAS ALREADY ENROLLED INTO THE MEDICAL SCHOOL, HE/SHE WILL BE ASKED TO WITHDRAW.**
- c) **ENDORSEMENT:** The declaration in (iii) on page 5, must be endorsed by someone of high repute. This person should be a Senior Public Servant (e.g. Clergyman, Lawyer, Medical Practitioner) or Headmaster/Principal of the applicant's last educational institution.

**F. DECLARATIONS**

**i. SPONSOR'S DECLARATION**

I ..... declare that I will sponsor .....  
..... for the Bachelor of Medicine and Bachelor of Surgery (MB ChB) programme  
that he/she has applied to undertake at the Family Health Medical School. I have attached a copy of my  
three (3) months' bank statement to justify my ability to sponsor him/her for the programme.

.....  
Signature

.....  
Date

**ii. APPLICANT'S DECLARATION**

I ..... declare that the information provided is correct and  
reflects my true records.

.....  
Signature

.....  
Date

**iii. CORROBORATOR'S DECLARATION**

I certify that Mr./Mrs./Miss./Ms ..... is officially/  
personally known to me. **I have verified his/her certificates against the results indicated on the form  
and I am satisfied that they are genuine and the name that appears on them is the same as that by  
which he/she is officially/personally known to me.**

Name..... Status.....

Occupation..... Address.....

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

