

MARTIN LUTHER HEALTH TRAINING SCHOOL

ACADEMIC OFFICE



Address: P.O. BOX KH 176, Kintampo, Bono East Region

November 24, 2021

Tel: 059 997 1827 Email: info@mlkhealthinstitute.edu.gh/www.mlkhealthinstitute.edu.gh

APPLICATION FORM FOR ADMISSION

PLEASE READ THE FOLLOWING CAREFULLY BEFORE FILLING THE FORM

- This form must be completed in the candidate's own handwriting in block letters.0
- Attach certified photocopy of **results slips and certificates/transcripts**
- Two (2) recent passport-photographs, one of which should be fixed on the form. The remaining photograph should be endorsed
- Attach photocopy of birth certificate
- Provide legal proof for any change in name

CANDIDATE'S PERSONAL PROFILE

Name (as indicated on the certificates/results slips)

Title: Mr. /Mrs./Miss

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1. SURNAME: FIRST NAME:
- OTHER NAME:
2. SEX OF APPLICANT 3. DATE OF BIRTH
4. MARITAL STATUS 5. RELIGION
6. PLACE OF BIRTH 7. HOME TOWN
8. TELEPHONE 9. EMAIL
10. RESIDENTIAL ADDRESS 11. POSTAL ADDRESS

PARENT/GUARDIAN INFORMATION

1. FULL NAME
2. RELATIONSHIP TO APPLICANT
3. TELEPHONE EMAIL:
4. RESIDENTIAL ADDRESS.....
5. POSTAL ADDRESS



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PROGRAMME OFFERED

1. HND IN DISPENSING TECHNICIAN
2. DIPLOMA IN MEDICAL LABORATORY TECHNICIAN
3. DIPLOMA IN HEALTH INFORMATION MANAGEMENT
4. CERTIFICATE IN MEDICAL LABORATORY ASSISTANT
5. CERTIFICATE IN MEDICINE COUNTER ASSISTANT
6. ONE YEAR TOP-UP FOR CERTIFICATE HOLDERS (MATURED APPLICANTS ONLY)

KINDLY INDICATE YOUR PROGRAMME OF CHOICE

