















KMTC/QP-01/LAD

KENYA MEDICAL TRAINING COLLEGE

P.O. BOX 30195 - 00100 NAIROBI

Website: www.kmtc.ac.ke Email: info@kmtc.ac.ke Tel. 020 2725711/2/3/4

Date: July 12, 2013

Name: LENAOLA L MAURICE
Reference No: DPHY7980 Serial No: 1328082
Address:
Registration No : D/PHYSIO/14021/039

RE : ADMISSION FOR PRE-SERVICE TRAINING - 2013/2014

We are pleased to offer you a **Three year** training at **Nakuru** Campus to pursue a **Diploma in Physiotherapy** under the **Regular** category.

Please report to the Principal on **Monday, 7th October, 2013** before 3.00p.m.

Bring the following documents with you:-

- Original KCSE or KCE Certificates(Result Slips for 2012 KCSE Candidates **ONLY**)
- School Leaving Certificate.
- Original National Identity Card/Passport/Birth Certificate.
- This Original Letter of Admission.
- Two (2) certified clear sets of photocopies of (a),(b),(c) and (d).
- Two (2) certified passport size Photographs taken recently.

(Certification should be by a senior civil servant OR Administrator of Oaths in Kenya)

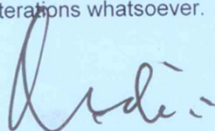
Attached to this letter is a full admission package with specific instructions on each aspect of your admission. Find also cost sharing charges which is payable in full upon reporting.

Please note that this offer is subject to **verification** of all your **ORIGINAL CERTIFICATES**

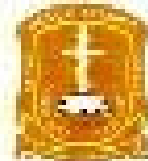
We congratulate you for securing a chance at KMTc and look forward to receiving you in the College.

While paying fees at the Bank, you **MUST** quote your **REGISTRATION NUMBER** on the Banking Slip.

NOTE: This letter is **issued free of charge and not transferrable** and has been done without any alterations whatsoever.


Dr. C. Olang'o Onudi

KWTCOP-14/00



PO. P.O. 00000

MINISTRY OF HEALTH
NATIONAL HOSPITAL
PO BOX 10000
NAIROBI

**KENYA MEDICAL TRAINING COLLEGE
OFFICIAL RECEIPT**

No. 254858

Date: 20/11/2010

Received of Dr. Peter Kimani 10000/-

for Phy. 2010-2011

to Dr. Peter Kimani

Amount in words: One

Thousand Kenya

Shillings 00

and 00 Cents

Received by Dr. Peter Kimani

for Phy. 2010-2011

Signature of Dr. Peter Kimani



Dr. Peter Kimani
Signature of recipient

Signature of collector
Name of collector
Address of collector
Signature of collector



FACULTY OF CLINICAL SCIENCES
DEPARTMENT OF CLINICAL MEDICINE
NAKURU CAMPUS.

