

# PRESBYTERIAN COLLEGE-RUBATE



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## COLLEGE OF HEALTH SCIENCES-RUBATE

P.O. Box 177-60400, Chuka

Telephones: 0720312021 / 0706711831 / 0737 141401

Email: [pceahealthsciencesrubate@gmail.com](mailto:pceahealthsciencesrubate@gmail.com) website: [www.ptcrubate.ac.ke](http://www.ptcrubate.ac.ke)

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### APPLICATION FORM FOR A DIPLOMA IN KENYA REGISTERED COMMUNITY HEALTH NURSING

Please complete this form and send to the Presbyterian College- Rubate email address:  
**pceahealthsciencesrubate@gmail.com**. The form should be filled in **BLOCK** letters and  
returned to the College **on or before 30<sup>th</sup> January, 2023**. Academic documents will be verified  
during admission.

#### SECTION A: Applicant's Personal Particulars:

- i. Name .....  
(Surname) ..... (Other names in full)
- ii. Postal Address..... Postal code.....Town.....
- iii. ID/Birth Cert.No /Waiting Card No..... Gender: Male ..... Female.....
- iv. Name of next of kin.....Relationship.....Phone No.....
- v. Nationality.....County.....Sub county.....  
Constituency.....
- vi. Mobile telephone contact (1) ..... Email address.....  
Date of birth.....Marital status.....Religion.....

**SECTION B: Course Applied for:**

Diploma in **Kenya Registered Community Health Nursing**

**SECTION C: Course Application Details:**

(a) Application fee of Ksh. 1000.

Application fee of one thousand shillings (Ksh.1000) can be paid through: -

- Family Bank - **Chuka Branch**
- Account Number - **054000011556**
- Account Name - **Presbyterian College of Health Sciences–Rubate.**

**NB:** Deposits can be made at any family bank branch country wide.

(b) One coloured passport photo

(c) Post to the Principal or scan and email to [pceahealthsciencesrubate@gmail.com](mailto:pceahealthsciencesrubate@gmail.com)

**the following documents: -**

- Bank deposit slip (**original**)
- A certified copy of national identity card (ID)
- A certified copy of result slip or KCSE certificate

Signature of Applicant.....

Date.....

**D: FOR OFFICIAL USE ONLY**

a) Recommendation of the Principal (Recommended\_\_\_\_\_ Not Recommended\_\_\_\_\_

Comments.....

Sign..... Date.....

**Official stamp**