



# Nile Institute of Health Sciences

A partner for complete Health

Gudele II, Luri Payam Block 7  
Juba County  
150m off road from link oil petrol station  
Juba, South Sudan.

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## APPLICATION FORM FOR ADMISSION IN DIPLOMA PROGRAM .....(YEAR)

**Note:** Transcript copies of senior four result slip/certificate, other qualification, curriculum vitae (CV), and Birth certificate/national identity should be attached in this form.

All academic records in a language other than English must be accompanied by a certified English translation. At registration originals shall be.

Initially the selection letter for admission for those who qualify is provisional. It does not give applicant an entitlement to a place at the Institute. It is subject to confirmation according to the instructions set here

### 1. Personal Information

FULL NAME \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: male  Female

Permanent address: \_\_\_\_\_ zip code \_\_\_\_\_ country : \_\_\_\_\_

city \_\_\_\_\_ County \_\_\_\_\_

Payam: \_\_\_\_\_ Boma: \_\_\_\_\_ Block number: \_\_\_\_\_

National Identity/Passport NO: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Disability status

Do you have any disability? Yes  No

- Chronic illness
- Physical disability
- Impairment (Hearing, seeing, speaking, etc.) Others
- Specify (briefly describe the nature of disability)

### 3. Academic background

Name and address of school/Institution	From	To	Index NO.	Result/Certificate

### 4. Course applied for and payment of fees:

DCMPH     DNS     DMW     PGDA     DHND   
 DPH     DML     DPharm

\*DCMC =Diploma in Clinical Medicine & Public Health

\* DNS = Diploma in Nursing \* DMW = Diploma in Midwifery

\* PGDA= Post Graduate Diploma in Anesthesia \* DHND = Diploma in Human Nutrition and Dietetics \*DPH = Diploma in Public Health \* DML = Diploma in Medical Laboratory

\* DPharm = Diploma in Pharmacy

Who is responsible for payment of your course fees?    Self     Others

Other please, please specify name and contact details

Name: .....

Address: .....

Telephone No..... Email  
 address.....

### 5. Parent/Guardian details:

Give details of the parent or Guardian and where applicable sponsor

Detail	Father/legal Guardian	Mother/Legal Guardian	Sponsor if applicable
Name			
P.O Box			
Town/Resident			
Telephone NO.			
Email:			

\_\_\_\_\_ I  
 declare that all the answers to this application are complete and accurate to the best of my knowledge including the information on my academic background. I have been informed on the regulations of admittance to the Institute and on the tuition fee. I am prepared to timely cover the expenses of studying and living in Juba. I am warned that failure to report all the complete and accurate information will invalidate my application and my result in invalidity of a diploma obtained if admitted.

**Date:** \_\_\_\_\_(day)\_\_\_\_\_ (month)\_\_\_\_\_ (year) **Signature** \_\_\_\_\_